



Complete and return to Myron Goodwin by email
to myron@gracechapel.net or Fax to 615-591-5576

MISSION DESTINATION: _____

DATE OF MISSION TRIP: _____
day/month/year

PERSONAL INFORMATION

☐MS. ☐MRS. ☐MR. ☐DR. DATE OF BIRTH ____ / ____ / ____ EMAIL _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (HOME) _____ (WORK) _____ (MOBILE) _____

US CITIZEN ☐Yes ☐No PASSPORT NUMBER _____ PASSPORT EXPIRATION ____ / ____ / ____

NAME AS IT APPEARS ON PASSPORT _____

MEMBER OF GRACE CHAPEL: ☐Yes ☐No How long? _____ LIFEGROUP LEADER NAME _____

TAKEN: MEMBERSHIP Class? ☐Yes ☐No STEPS Class? ☐Yes ☐No NEXT STEPS Class? ☐Yes ☐No MISSION STEPS Class? ☐Yes ☐No

IN CASE OF AN EMERGENCY SHOULD OCCUR, PLEASE NOTIFY:

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ MOBILE _____ EMAIL _____

IN CASE OF EMERGENCY OR IF YOUR TRAVEL PLANS ARE DISRUPTED BY A FLIGHT CHANGE, WHO SHOULD WE NOTIFY?

NAME _____ PHONE _____ EMAIL _____

HEALTH INFORMATION

PHYSICIAN'S NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MEDICAL INSURANCE COMPANY _____ POLICY/PLAN NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHECK ANY OF THE FOLLOWING HEALTH CONDITIONS WHICH APPLY TO YOU: ☐Heart Disease ☐Diabetes ☐Seizures ☐Asthma

☐Low/High Blood Pressure ☐Hypoglycemia ☐Allergies – Explanation: _____

Other: _____

DO YOU TAKE PRESCRIPTION MEDICATION ON A REGULAR BASIS? ☐Yes ☐No If YES, LIST MEDICATION & FREQUENCY:

ON A WEEKLY BASIS, HOW OFTEN DO YOU ACTIVELY ENGAGE IN PHYSICAL ACTIVITY? ☐0-1 days ☐1-2 days ☐3-4 days ☐5+days

WHAT COUNTRIES HAVE YOU BEEN TO ON A MISSIONS TRIP? _____

WHERE HAVE YOU VOLUNTEERED AT GRACE CHAPEL? _____

WHERE ARE YOU VOLUNTEERING AT PRESENT? _____

CHECK ALL MINISTRY SKILLS YOU HAVE: ☐ Construction _____ (Circle what kind? Carpentry, masonry, plumbing, other _____) ☐ Photography ☐ Evangelism ☐ Cooking/M Meal Preparation ☐ Crafts ☐ Children's Ministry/VBS ☐ Teacher _____ (What topics?) ☐ Medical (What kind?) _____ ☐ Pray for the sick ☐ Visit the elderly ☐ Music (What kind or instrument?) _____ ☐ Other Skills _____

DO YOU SPEAK ANOTHER LANGUAGE? ☐ Yes ☐ No PLEASE LIST LANGUAGE(S) _____

REFERENCES: List two (2) individuals from Grace Chapel (Lifegroup host, volunteer leader, or pastor) who can comment on your heart for service, ability to be a team player, and relational skills. Please insure the phone and emails are correct.

FIRST REFERENCE

NAME _____ EMAIL _____
PHONE (HOME) _____ MOBILE _____

SECOND REFERENCE

NAME _____ EMAIL _____
PHONE (HOME) _____ MOBILE _____

STATEMENT OF COMMITMENT

I fully realize that I will be going to _____ as an ambassador of Jesus Christ and a representative of Grace Chapel. Please initial the following indicating your understanding and commitment.

_____ I understand that I need a check for \$500 deposit to hold my ticket and lodging reservation if I am accepted on a team.

_____ I understand I must meet the payment deadlines and that **all fees must be paid in full** before a ticket is assigned to me.

_____ I understand there will be pre-trip planning and preparation meetings, including a three-Sunday Mission STEPS Class.

_____ I understand I will not cover trip expenses from my tithe.

_____ I understand that I need to pay my own way or raise support from family and friends to cover my trip expenses.

_____ I understand I will walk under the leadership and direction of the trip leader.

_____ I understand I will participate in the full team schedule before, during and after the mission trip unless sick.

_____ I understand there will be a post-trip debriefing meeting that I will participate in.

_____ I understand I will be a guest in the host country I will be traveling to and a member of a ministry team, so I will come with a heart to serve and not my own agenda or plan, and a respectful attitude.

SIGNATURE _____ DATE ____/____/____

Office Use Only: _____ / ____/ ____
Accepted by Date