



## Returning Team Member Application

Desired short term team location: \_\_\_\_\_ Dates: \_\_\_\_\_

Name (As appears on Passport):

\_\_\_\_\_  
First Middle Last

Nickname: \_\_\_\_\_ Date of birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Marital status:  Married  Single  Other

Desired t-shirt size:  Small  Medium  Large  XL  XXL

Passport number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Preferred airport: \_\_\_\_\_ Airport code: \_\_\_\_\_

In what ways do you feel that the Lord is leading you to go on this trip?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Travel Release form for Minors

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ give permission for him/her to travel to \_\_\_\_\_ on the Short Term Mission Trip Team with SOS Ministries. I understand that in case of a health Emergency, the team leader will be authorized to sign for my son/daughter and will notify me as soon as possible of this emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Medical Permission/Release Form

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_

### Past Medical History

Asthma     Kidney trouble     Heart condition     Diabetes

Physical limitations: \_\_\_\_\_

Allergies – Food: \_\_\_\_\_ Insect bites/stings: \_\_\_\_\_

Penicillin or other medications: \_\_\_\_\_

Any other medical information that would be important for the team leader to know about: \_\_\_\_\_

Any current medications: \_\_\_\_\_

### **Permission for Treatment**

I hereby grant permission for, \_\_\_\_\_, to participate in any activities and/or functions that they would normally be involved in.

My permission is also granted to a responsible leader from or a representative of S.O.S. Ministries to obtain any medical attention that the ministry or medical personnel deem as necessary for the wellbeing of the above name should he or she become ill or injured during the mission.

I/we, the undersigned, do hereby release, remiss and forever discharge all sponsors and S.O.S. Ministries, Clearwater, FL, from any and all claims, demands, actions, or causes of action, past, present, or future arising out of any damage or injury while participating in the mission.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

If under the age of 18 years old – Parent/Guardian:

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

