



MISSION TRIP APPLICATION
(Return to TEAM LEADER)

Legal Name (as on passport): _____ Phone: _____

Address: _____
(Street)

(City) (State) (Zip)

Email: _____

D.O.B. _____

Occupation _____

Passport #: _____ Issuance Date: _____ Expiration date: _____

PLEASE SUBMIT A LEGIBLE COPY OF YOUR PASSPORT WITH APPLICATION AND FORMS BEFORE FLIGHTS ARE SCHEDULED FOR REVIEW AND APPROVAL

Country issuing passport: _____

Date of trip you wish to participate in: _____

Have you previously participated in a mission trip? Yes _____ No _____

If yes, please provide a brief description of your trip experience: _____

Spiritual Journey

Have you received Jesus Christ as your Lord and Savior and do you live in fellowship with Him? Yes _____ No _____

If you answered NO, please give a brief description of what you DO believe: _____

If you answered YES, please answer the following questions:

- 1) Please give a brief description of your salvation experience: _____

- 2) How long have you been a Christian? _____
- 3) What church do you attend? _____
- 4) Are you involved in any ministry at your local church? Yes _____ No _____
If yes, please give a brief description of your ministry involvement: _____

- 5) Briefly explain why you want to go to on a mission trip: _____

- 6) Please describe your comfort level with sharing your faith: _____

- 7) Please comment on your personal time of prayer and Bible study: _____

- 8) What are three prayer requests concerning your involvement with this trip?
 - a) _____
 - b) _____
 - c) _____

Personal Information

The following questions concern personal issues that can impact a mission team.

- 1) Marital status: Single _____ Married _____ Single again _____
- 2) Do you have addictive behaviors that might hinder your ability to minister in a foreign culture? Yes _____ No _____ **If yes**, please explain: _____

- 3) Have you ever been accused of physical or sexual abuse of any kind?
Yes _____ No _____ **If yes**, please explain: _____

- 4) Explain briefly any physical difficulty that might make this trip challenging for you.
Your explanation helps us plan for your participation. _____

5) Are you on any medications for emotional challenges / depression / anxiety?

PLEASE READ:
If you smoke or drink alcohol, please strongly consider if you will have difficulty NOT smoking or drinking while on this mission trip.

Medical Information

State of your present health:
Excellent ____ Good Average ____ Poor ____

List any health problems: _____

List any medications you are taking: _____

List any allergies or physical difficulties that might affect your involvement: _____

Physician's Name: _____
Address: _____
Phone: _____

Emergency Contact/Beneficiary Information

EMERGENCY CONTACT

Emergency contact person: _____
Relationship to you: _____
Phone: _____ Fax: _____
Email: _____

Alex's House purchases Travel Insurance on each team member. Please list the beneficiary that you would like listed on this travel insurance, and contact information for designated beneficiary (if it differs from the Emergency Contact listed above)

Designated beneficiary: _____

Relationship to you: _____

Phone: _____ Fax: _____

Email: _____

Health Insurance Information

Health Insurance Company: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Phone: _____

Signature: _____

Date: _____



INTERNATIONAL MISSION TRIP RELEASE

I, _____, acknowledge that I have voluntarily applied to participate in short-term mission trip(s) to Haiti with Alex's House. I am fully aware that these mission trip(s) may expose me to unique hazards such as sickness, disease, dangerous environments, crime, political instability, governmental opposition, personal injury, death, as well as similar and dissimilar risks. I am voluntarily participating in this mission trip(s) and any future mission trip(s) with the knowledge of the risks involved. I release and forever discharge Alex's House, and any other ministry/organization involved and each of the respective members, employees, officers, directors, and representatives from any and all claims for any and all injuries, illnesses, losses or damages I might have on or in any way relating to such mission trips, including without limitation, those relating to me leaving the United States of America and visiting Haiti, including my stay in Haiti and my trip to and from Haiti. As consideration for being permitted by Alex's House to participate in the mission trip, as consideration for Alex's House assisting in arranging the mission trip, and for other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, I hereby irrevocably and unconditionally release, waive, discharge and covenant not to sue or attach the property of Alex's House or any partnering church, or any of their affiliates, subsidiaries, divisions, members, directors, officers, employees, volunteers and agents (collectively referred to as the "Releasees"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to all liability, on account of death, injury, or damage resulting from the negligence or other acts, however caused, of the Releasees as a result of my participation in the mission trip. I UNDERSTAND THAT I AM GIVING UP MY LEGAL RIGHTS AND THE RIGHTS OF MY REPRESENTATIVES TO RECOVER FOR INJURY, DEATH, OR PROPERTY DAMAGE.

I give Alex's House and its representatives with me on such mission trip(s) authority to request and authorize medical and/or hospital treatment for my benefit in the event of an injury or sickness sustained by me while on such mission trips, including but not limit to circumstances arising while traveling to and from Haiti. I agree to pay for all such treatment and to reimburse Alex's House for all costs and expenses incurred by it with respect to such treatment.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself on the one hand, and Alex's House, and/or their affiliates on the other hand. No oral representations, statements, or inducements apart from this agreement have been made to me. I SIGN THIS AGREEMENT ON MY OWN FREE WILL.

18 years or older:

YOUNGER THAN 18:

SIGNATURE OF PARTICIPANT

SIGNATURE OF MINOR' S GUARDIAN

PRINTED NAME DATE

PRINTED NAME DATE



**ALEX'S HOUSE
BACKGROUND CHECK DECLARATION**

RELEASE OF INFORMATION AUTHORIZATION

I, _____ (*print full name*) authorize Alex's House to conduct a State and Federal background investigation. *Please initial here:* _____

Driver's License #: _____

State: _____ Date of Birth: _____

Passport #: _____

Country of issue: _____

Expiration Date: _____

Social Security Number: _____

Have you ever been charged with, convicted of, or pled guilty to a felony or an offense involving a minor? NO YES, Please describe:

*Were you a victim of abuse or molestation as a minor or as an adult? YES NO

*NOTE: If you prefer, you may decline to answer this question, or you may discuss your answer in confidence with our Founder or Missions Director rather than answering on this form. Answering "yes" or leaving the question unanswered will not automatically disqualify you. When answering "yes," please be assured that one of our staff will be contacting you for further private consultation.

I authorize Alex's House and/or its representatives to make necessary background checks including state and federal criminal or police records, driver's license records and any other record check needed, at Alex's House's sole discretion.

SIGNATURE OF APPLICANT

DATE

