



Missions Tour Application

PLEASE PRINT ALL INFORMATION LEGIBLY – EVERY LINE MUST BE COMPLETED – If does not apply, indicate with N/A

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Fax _____

Email _____

DOB _____

Passport REQUIRED:

Passport #

Expiration

Date: _____

Christian Experience

List Areas of Service and Ministry Gifts at Your Local Church

Personal Testimony of Salvation

Church Name _____ Location _____

Pastor's Name _____ *Pastor's Signature _____
(or designee)

Contact Information _____

Health Related Information

Insurance Company _____ Card # _____

Phone _____

Emergency Contact Persons

1.Name _____

Relationship _____

Phone _____ A.M. _____ P.M.

2.Name _____

Relationship _____

Phone _____ A.M. _____ P.M.

Health Concerns

List all known medical/health issues (physical, mental, emotional)

List all medications that you are currently taking

List any known allergies to medications, specific foods, pets, etc.

Please detail any other information that you feel is pertinent

*I accept full responsibility for my safety and wellbeing on this mission's trip.
I understand that Glory Unlimited Ministries nor affiliated ministries or individuals are responsible for accidents or incidents that may cause me harm of any kind.*

(Signature) _____ (Date) _____