

Georgianna 2017- Mission Application

Guatemala

January 8-14

May 7-13

Jamaica

June 24 - July 1

Belize

July 22- July 29

Kentucky

April 9-13

July 16-21

Georgianna Application Check-list!

Fully completed application

Color copy of PASSPORT

Non-refundable Deposit

___ Checks should be made out to **Georgianna UMC.**

___ Write the **trip name** and **trip date** in the memo area of your check.

Invoices will be provided for all payments and balances due. Invoices will be emailed to the address provided on application. Remainder of balance is due **one month** **PRIOR** to the trip departure date.



Any questions can be directed to the Missions Ministry office:

chris@georgianna.org

diana@georgianna.org

321-452-7523, extension 521.

Please submit all application information and deposits to Chris Rodriguez, Missions Pastor.

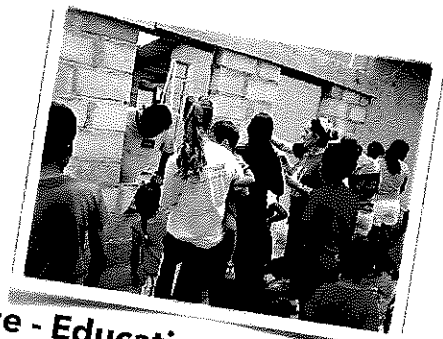
Office hours are: Monday - Friday from 9:30 am - 5:00 pm

and Sunday mornings during church services



Guatemala - Medical & Dental
www.gmokids.org

Cost: \$1200 each individual
Deposit: \$300 each individual

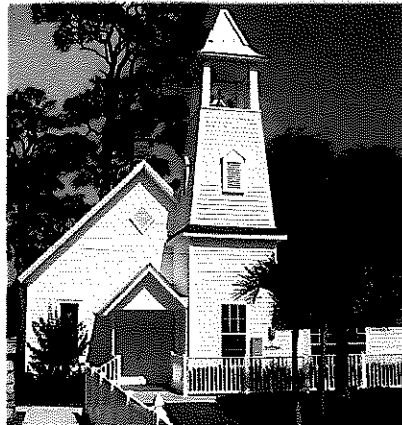


Belize - Education & Construction
www.wgoreach.org

Cost: \$800 first family member, \$500 each additional family member
Deposit: \$300 first family member, \$100 each additional family member

Georgianna

...sharing the gospel & our very lives...
1 Thessalonians 2:8



Kentucky - Children & Construction
www.csministries.org

Cost: \$800 first family member, \$400 each additional family member
Deposit: \$300 first family member, \$100 each additional family member



Jamaica - Agriculture & Construction
www.lifespeakministries.org

Cost: \$800 first family member, \$500 each additional family member
Deposit: \$300 first family member, \$100 each additional family member

Georgianna UMC - Mission Application

Georgianna Missions 2017

Team Member Acknowledgements

RETURN THIS PAGE
TO GEORGIANNA

Yes

No

Georgianna UMC may use my photograph from the mission field for church publications and website use. I acknowledge that my picture will be shared with team members and families in accordance with fellowship.

Yes

No

If needed, I am willing to be a designated team driver and drive team members to the airport in my personal vehicle. By accepting this responsibility, I agree to allow Georgianna UMC to complete a background and driving history check on me. Please fill out info below, sign and date.

Drivers License #: _____ SS #: _____

Signature: _____ Date: _____

As a participating Georgianna missions team member, I agree to:

___ attend the **mandatory** team training meetings;

___ follow the leadership of the designated Georgianna Team Leader(s), the missionary hosts and site staff;

___ participate fully in activities, team devotions and mission site work;

___ abide by the modest dress code as presented in team training;

___ and I acknowledge that this event is a mission trip, not a vacation, and I will therefore conduct myself in a Christ-like manner at all times.

Signature: _____ Date: _____

Should you have any questions, please email or call the Georgianna Missions Ministry Office:

chris@georgianna.org

321-452-7523, ext 21

Please complete entire form prior to submitting!

Mission Trip and Date: _____

Name: _____ DOB: _____ T-shirt Size: _____
(as it appears on your Passport or Driver's License)

Phone: Home _____ Cell _____ Work _____
*Please circle your preferred means of contact

Home Address: _____

Email Address: _____

Emergency Contact's Name, Email & Phone Number:

(for mission trip emergencies)

Trip Update Contact - Name and Email: _____
(contact for mission trip updates during your week of travel)

Gifts & Talents: _____

Occupation & Certified or Licensed area of specialty: _____

Previous Mission Experience? If yes, when & where:

List one local mission opportunity of which you are aware or are a regular participant of:

Why have you decided to go on a mission trip?

Briefly describe your walk of faith:

Your Physician: _____ Phone: _____

Insurance Information: _____
(Name of Company, Policy # & Group #)

Date of last tetanus shot? _____ Height _____ Weight _____

Allergies?: ___ Yes ___ No If Yes, explain: _____

List medical conditions that may have an impact on this trip: _____

Physical Restrictions: _____

Current medications: _____
(name of medicine, dose, & frequency)

Special Dietary Allergies or Requirements: _____

Additional Information: _____