

# 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.

KEEP THIS PAGE  
FOR YOUR RECORDS

Any questions can be directed to the Missions Ministry office:  
[chris@georgianna.org](mailto:chris@georgianna.org)      [diana@georgianna.org](mailto:diana@georgianna.org)

321-452-7523, extension 521.

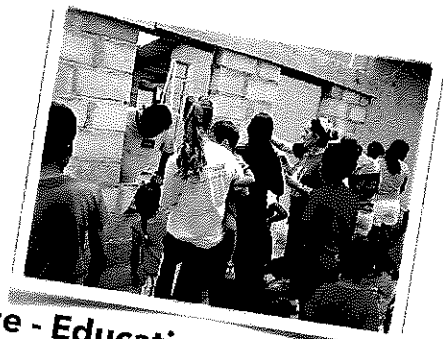
*Please submit all application information and deposits to Chris Rodriguez, Missions Pastor.*

Office hours are: Monday - Friday from 9:30 am - 5:00 pm  
and Sunday mornings during church services



**Guatemala - Medical & Dental**  
[www.gmokids.org](http://www.gmokids.org)

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

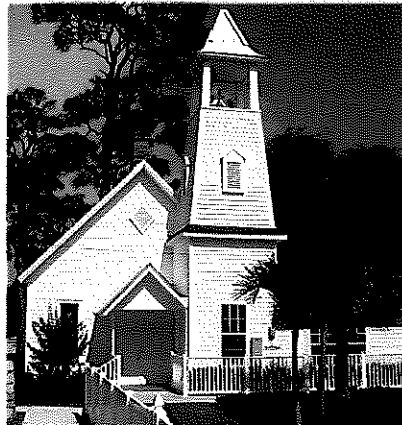


**Belize - Education & Construction**  
[www.wgoreach.org](http://www.wgoreach.org)

**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](http://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](http://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](mailto: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: \_\_\_\_\_