

# Georgianna Missions

Belize November 10-16

## Check-list

Fully completed application

Color Copy of Passport

**Non- Refundable \$300 Deposit made out to Georgianna UMC, with "Belize" in the memo.**

**Total cost is \$800**

Invoices with remaining balances will be sent to the email provided on the application.

## Team Member Acknowledgements

Y\_\_\_ N\_\_\_ 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.

Y\_\_\_ N\_\_\_ 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 #: \_\_\_\_\_

Name on license: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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: \_\_\_\_\_

Please submit all applications and questions to

**Chris Rodriguez**

**Laura Kowalski**

chris@georgianna.org

(321) 452-7523

laura@georgianna.org

**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: \_\_\_\_\_