

Georgianna Missions

Kentucky October 10-14

Check-list

- Fully completed application Color Copy of Drivers License
- Non- Refundable \$300 Deposit made out to Georgianna UMC, with "Kentucky" 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: _____