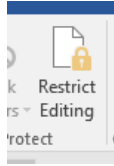


Application Form Instructions

1. Open Document in Microsoft Word
2. Under Review Tab or Developer Tab find and click Restrict Editing Button



3. Under Restrict Editing menu click Stop Protection
4. Edit Application Form
 - a. Fill in first Blank – To whom you return the form
 - b. Fill in Second Blank – To whom you should make out the check
 - c. Fill in the Depart and Return dates
5. Delete this Application Form Instructions Page
6. Under Restrict Editing click Yes, Start Enforcing Protection (password is optional)
7. Save Document
8. Share with your potential team members

MISSION TEAM APPLICATION FORM

United Christians International (UCI) - Haiti
Box 862, Cherokee, Iowa 51012 and Haiti

Submit completed form to _____ with a photocopy of your passport and a \$100 non-refundable registration fee. You can make the registration fee check out to _____ – Memo Line = Haiti Mission Trip

Today's Date		Dates of your team's mission	Depart		Return	
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Name as appears on passport						Nickname??			
(First/Middle/Last)									
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age*		Personal weight**	(pounds)				
*at time of trip					**must know for MFI flight				
Birth date		Birthplace		Citizen of					
(Month/day/year)			(Country)			(Country)			
Occupation			Passport number			Expiration			
Available forms of ID (Check if you have)				<input type="checkbox"/> Driver's license or permit			<input type="checkbox"/> Birth certificate		

Address									
		(Street)		(City)		(State/Providence)		(Zip Postal Code)	
Telephone		Home		Work/Cell (optional)					
(Area code + number)									
Email				Additional Email					

List a character reference whom we may contact, a pastor or leader.

Name				Relationship to you					
Address									
		(Street)		(City)		(State/Providence)		(Zip Postal Code)	
Telephone		Home		Work/Cell (optional)					
(Area code + number)									
Email									

Home Church

Church Name						Pastor			
Address									
		(Street)		(City)		(State/Providence)		(Zip Postal Code)	
Telephone		Home		Work/Cell (optional)					

		(Area code + number)
Email		

In case of emergency, please notify

Name			Relationship to you	
Telephone	Home		Work/Cell (optional)	
(Area code + number)				

If applicable, who will be your parent-approved supervisor?

(If 17 years or younger, must be accompanied by a parent-approved adult supervisor 21 or older.)

Name			Relationship to you	
Telephone	Home		Work/Cell (optional)	
(Area code + number)				

Describe your relationship with Jesus *in your own words*.

**List
any**

talents/skills that the Lord may use on this mission.

(Art/crafts/music/drama/electric/plumbing/carpenter/construction /mechanic/pastor/teacher/special categories [example: love children, enjoy gardening], etc.).

**List
any**

medical, first aid, or CPR training

(Licensed medical personnel expecting to practice medicine please attach photocopies of credentials)

Describe your mission field experience, or travel in foreign countries.

(List countries, experience, and any foreign language abilities.)

Please describe your health, including any physical or dietary limitations

(Include any that apply: diabetes, asthma, physical disability, heart trouble, epilepsy, high or low blood pressure, fainting, pregnancy, allergies of any kind [food, medicine, environmental, insect bites/stings], etc.)

**Are
you**

Are you currently under a doctor's care or on medication? (If yes, please explain)

Primary care physician

Name		Clinic	
Telephone		Work/Cell (optional)	
(Area code + number)			

Date of last Tetanus shot		Blood type (if known)	
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(To find out your blood type: donate blood, check with your doctor, or buy a home kit www.testsymptomsathome.com or [888.595.3136](tel:888.595.3136).)

I am able to walk several miles or "rough it" on this mission. YES NO

I agree to abide by the UCI policy to abstain from alcohol, tobacco, and illegal drugs during this entire mission. YES NO

Tell us anything else we should know about you

Verification of Insurance Coverage

UCI recommends that all participants have adequate medical insurance. Some family health insurance policies cover short-term international travel, some do not. Verify with your insurance carrier that your current policy will cover you while on the mission for which you are applying. In addition, UCI requires that each member have trip insurance. Your team leader will coordinate the purchase of trip insurance.

Insurance

Provider					
Address					
	(Street)	(City)	(State/Providence)	(Zip Postal Code)	(Country)
Telephone					
	(Area code + number)				
Policy Number			Group Number		

I have fully read, fully understand, and am in full agreement with the following release of liability and release to obtain medical care:

YES NO

Matthew 18:15-20 and I Corinthians 6:1-8 instructs us to live at peace and to resolve disputes in private or within the Christian church. I acknowledge my concern that the limited charitable resources of UCI should not be dissipated on wasteful litigation. Therefore, I expressly waive my right to file a lawsuit in any civil court or other secular setting against UCI and other organizations and all individuals involved with this mission.

I hereby release all leaders and organizations involved with this mission trip from any and all legal liability. I hereby waive all my rights to any legal liability on the part of UCI or any other individuals or organizations involved, which liability may result from sickness, injury, or death that may occur on or related with this trip. I fully realize that there are hazards, and I am fully assuming these risks, including but not limited to, hazardous traffic, poorly constructed roads, dangers resulting from military or political problems, sickness, and disease. I specifically release UCI and all concerned from any claim of negligence in their duties as leaders, or otherwise, on this mission trip. In the event that I attempt to make a claim in violation of my release and waiver as herein indicated, I hereby agree to, and shall pay, all legal fees and costs incurred by UCI and other individuals and organizations involved. I further agree that such claim or dispute arising from or related to the mission shall be settled by Biblically-based mediation (as specifically described in the then-current rules of procedure for Christian conciliation of [The Institute for Christian Conciliation \(ICC\) - Peacemakers](#)), and if not resolved by said mediation, by legally binding arbitration in accordance with the aforementioned rules of procedure for Christian conciliation.

I hereby further acknowledge my responsibility to provide my own insurance coverage of any and all types, including but not limited to, medical, hospitalization, life, disability, death, lost baggage, lost or stolen personal property, and any and all other insurance which I may need or desire. I also hereby release UCI and all leaders and organizations involved with this mission from responsibility to provide insurance coverage of any and all types. I hereby further authorize the leadership of UCI to make essential decisions on my behalf with respect to medical treatment, emergency surgery, or hospitalization, should such be necessary. However, UCI shall in no way be responsible or liable for payment of any and all such medical treatment. I assume the full responsibility for any and all medical bills incurred related to this mission. My estate and my family shall further assume full and total cost for the return shipping of my body should I die by any cause on this mission.

I have read and am in full agreement with this release and waiver, and fully understand that I am: waiving any rights I may have to litigate and sue, and instead accepting Biblically-based mediation to resolve disputes; accepting full responsibility for all insurance, and all medical costs; authorizing UCI to make medical decisions, if necessary; and agreeing to read and abide by all guidelines policies, and rules pertaining to this mission.

I grant to UCI, its representatives and employees the right to take or use photographs of me or my property in connection with this mission trip. I authorize UCI, its assignees and transferees to copyright, use and publish the same in print or electronically. I agree that UCI may use such photographs or me with or without my name and for any lawful purposes, including for example such purposes as publicity, illustration, advertising, and Web content.

I further agree wholeheartedly to abide by any decisions made by leaders and those in authority.

Signature _____

(Applicant signature)

Parent or legal guardian signature(s) (If applicable) _____