



## Short Term Application - Adult 2005

Today's Date \_\_\_\_\_ Trip Destination & Date: \_\_\_\_\_  
 Legal Name (as on your passport): \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Trip cost \$ \_\_\_\_\_  
 Birth date \_\_\_\_\_ Male / Female SSN / Passport # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (Home) (\_\_\_\_) \_\_\_\_\_ / (Work) (\_\_\_\_) \_\_\_\_\_  
 (Cell) (\_\_\_\_) \_\_\_\_\_ Email: (print clearly) \_\_\_\_\_  
 US Citizen: Yes / No If no, where are you a citizen? \_\_\_\_\_  
 Profession: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Children (include ages): \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_  
 (relationship \_\_\_\_\_)  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_ Phone (H) (\_\_\_\_) \_\_\_\_\_ (W)  
 (\_\_\_\_) \_\_\_\_\_ / (Cell) (\_\_\_\_) \_\_\_\_\_

Have you participated on an ATC mission trip before? \_\_\_\_\_ If yes, which one?

\_\_\_\_\_

Have you participated on another mission trip? \_\_\_\_\_ If yes, please describe where you went and what you did on that trip.

Please describe in a few sentences why you believe God wants you to participate on this mission trip.

Please describe what you want God to teach you on this trip. Also how are you praying that God can use you on this trip?

What is a Christian?

When did you become a Christian? \_\_\_\_\_  
 List the name of the church you regularly attend. \_\_\_\_\_

Describe your church or Christian involvement.

Explain what you think it means to be out of your comfort zone. Have you ever experienced this before?

Abilities / Interests / Hobbies: Please indicate whether you have any skill or experience in the following areas and explain details on the lines provided.

Electronics                       Health/ Medicine                       Nutrition  
 Audio/ Visual                       Evangelism  
 Teaching                                       Construction

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Describe your spiritual gifting. \_\_\_\_\_

## Financial Agreement

I understand my application is due at the ATC office 3 months prior to departure. If accepted for the Answering the Call (ATC) missions trip, I understand that my first payment of ¼ total cost is due 3 months prior to departure, and my next payment of ½ total cost is due 2 months prior to departure, and my final payment for ¼ total cost of the trip is due to ATC at P.O. Box 4541, Roanoke, VA 24015 no later than one month prior to departure.

I also understand that I'll need to obtain and have in hand a passport 3 months prior to departure.

I also understand that I'll obtain and send in 2-3 passport photos, along with my passport to the ATC office (for visas when necessary) 2 months prior to departure.

I also understand if people want to help me financially with this trip, they can make their checks payable to Answering the Call and receive tax credit. If I end up bringing in *more* than the trip costs, Answering the Call will use excess money for ministry in the field. Donations to Answering the Call are non-refundable.

I will collect all checks made out to ATC and send them to ATC in one envelope for each payment period.

If, however, my contributors DON'T care about receiving a tax credit – if they simply want to contribute money to me personally for the missions trip – they can send those checks directly to me, and I will provide an accounting of this to ATC.

*I understand the integrity and character involved in accepting donations from people toward this trip, and will send a note of gratitude to each person who contributes to my missions venture.*

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## Health History

Name (Please print): \_\_\_\_\_

Please describe any physical difficulties, limitations, or disabilities you may have.

*Have you ever been treated by a doctor for any of the following? Have you had any of the following conditions, or do you currently have any of these conditions?*

- Asthma or chronic wheezing
- Emphysema or other lung and/or respiratory problems
- Chronic persistent cough or shortness of breath
- Tuberculosis
- Any skin disorder or disease other than acne
- Chronic/ recurrent ear or eye problems
- Impairment of hearing or vision – Meniere’s Disease, cataracts, or glaucoma
- Persistent, recurring indigestion, stomach or duodenal ulcers
- Gall bladder stones or colic
- Jaundice, cirrhosis or other liver problems
- Intestinal or bowel problems, colitis, diverticulitis, hemorrhoids, other rectal problems or bleeding
- Any test results indicating exposure to the AIDS virus
- Albumin, blood or pus in the urine – painful or frequent urination or kidney problems
- Diabetes or hypoglycemia (low blood sugar)
- Serious bodily injury
- Mental health counseling or psychiatric treatment. Please describe:  
\_\_\_\_\_
- Rheumatism, gout, arthritis, or other forms of swollen painful joints
- Chronic back pain, back injury/surgery, sciatica, scoliosis or other bone/joint disorder
- Cysts, tumors or growths of any kind, hernia or rupture
- Cancer
- Fainting spells, dizziness, convulsions, epilepsy or seizure disorder
- High blood pressure, heart murmurs or other cardiac problems
- Vein or circulatory trouble
- Severe migraine headaches
- Goiter, thyroid ailment, high or low metabolism
- Anemia or other blood disorder
- Abnormality of reproductive systems, prostate problems, breast disorder, menstrual disorders or venereal disease
- Parkinson’s disease
- Severe knee injury or problems
- Severe allergic reactions to either food, medicines, bee’s stings or any other insect bites
- Any other disease, deformity or disability not listed above. \_\_\_\_\_

Please give more details for any answers of yes to the above conditions: (use back if necessary) \_\_\_\_\_

Have you ever experienced panic attack? Yes No

Your last physical exam: Date \_\_\_\_\_ Name of physician: \_\_\_\_\_

Please provide any details pertaining to your health not covered by the above questions:

\_\_\_\_\_  
 \_\_\_\_\_

Current medications and reason for use (list prescription, over-the-counter, and herbs):

\_\_\_\_\_  
 \_\_\_\_\_

Do you have any conditions either physical or emotional that you feel may need special attention while on this trip? \_\_\_\_\_

\_\_\_\_\_

**Immunizations (Must be up to date for the region in which you will be traveling- check your local health dept. and [www.cdc.gov/travel](http://www.cdc.gov/travel))**

Yes	No	Type	Year
___	___	Mumps/Measles/Rubella	_____
___	___	Diphtheria/Pertussis/Tetanus	_____
___	___	Polio	_____
___	___	Tetanus	_____
___	___	Yellow Fever	_____
___	___	Typhoid	_____
___	___	Hepatitis A	_____
___	___	Meningitis	_____
___	___	Hepatitis B (medical trips)	_____
___	___	Rabies (optional)	_____
___	___	Other _____	_____

I certify this health information to be true and accurate:

(signature) \_\_\_\_\_

## Answering the Call Consent for Medical Treatment— Release and Hold-Harmless for Travel

Name: \_\_\_\_\_

WHEREAS, (I) \_\_\_\_\_,  
wish to be a member of the mission trip organized by Answering the Call which will be traveling in the U.S. and to and in other countries, and WHEREAS, certain circumstances and situations may occur resulting in my inability to personally give consent for such care and treatment; THEREFORE,

1. In consideration of permission for myself to participate in said mission, I \_\_\_\_\_, being of legal age, authorize any agent of Answering the Call to act in my behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery or other procedures which may be deemed necessary for my medical well-being for the duration of the mission trip.
2. This consent is given in advance of any specific diagnosis, treatment, surgery or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in my behalf.
3. Any consent by Answering the Call shall have the same force and effect as if I had personally given the consent.
4. I am aware that serious illness, requiring return by air ambulance could cost more than \$10,000. I agree that I am solely responsible for any expenses that may arise from my return by air ambulance or other extraordinary means.
5. I hereby release and hold harmless Answering the Call, its officers, employees and representatives / volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my participation in this mission trip.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please have this form notarized.**

State of \_\_\_\_\_,

County of \_\_\_\_\_.

Before me, the undersigned, a Notary Public in and for said County and State of \_\_\_\_\_,

\_\_\_\_\_, 200\_, personally appeared the identical person who executed the within and forgoing instrument, and acknowledged to me that he/she executed the

same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year above written.

\_\_\_\_\_  
 My commission expires: \_\_\_\_\_  
 Notary Public Stamp

## Health Insurance Policy Form

As a participant in Answering the Call mission trips, we require that you have personal health insurance that covers you out of the country from the first to the last day of your venture. List your health insurance company name and policy number below.

If your present insurance company does not cover you in other countries, you will be required to get a temporary insurance that covers you out of the country for the duration of your venture with Answering the Call.

If you are already insured please record the information below:

Insured's Name: \_\_\_\_\_  
 Mission Trip Participant's Name: \_\_\_\_\_  
 Name of health insurance company: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ ID# \_\_\_\_\_  
 Does this policy cover you while out of the country? \_\_\_Yes \_\_\_No

Participant's Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Certain Limitations

Name (Please print): \_\_\_\_\_

In the event of any crisis – political, natural, or missions related, any political unrest or natural disaster, Answering the Call decides if and where to send individuals on this mission trip.

Answering the Call is a missions organization with policies relevant to the areas of the world we are traveling in, including dress and lifestyle requirements. These are explained in the training packet. All individuals participating on the Answering the Call mission trip will adhere to ATC policies and are subject to dismissal for non-compliance, without refund or reimbursement.

All individuals on the Answering the Call mission trip serve at their own risk and Answering the Call is not liable in the event of sickness, accident, death, or terrorist acts, or for transportation or any other expenses beyond that of normal involvement.

In consideration of acceptance of this request to participate in this Answering the Call mission trip, I hereby waive any and all claims for myself and my heirs against the sponsors, contributors, other participants or any other individuals, organizations, charitable organizations or churches involved in any way in the commencement, arrangement, planning or carrying out of this mission trip for any injury, illness, disability or death which may directly or indirectly result from my participation and I further agree to save and hold said parties harmless and agree to indemnify each said party, whether individual or organization, harmless and agree to indemnify each such party against all liability for any loss, costs, injury, damage to person or property, or death which may arise by virtue of my involvement in this Answering the Call mission trip. I further state that I am in proper physical condition to participate in such a trip. I understand and accept that this trip will require that I travel into a war zone, through restricted air space and that I will be required to subject myself to difficult physical trials, including but not limited to extreme environmental conditions, close contact to contagious diseases and limited sustenance. In short, no one, be they individual, organization or church can guarantee my safety on this trip. I acknowledge all of this and indicate that I request to go, and that I will in no way, financially or otherwise, hold anyone responsible for anything that may occur to me on any portion of this trip.

I also give Answering the Call permission to use my picture, voice and / or testimony in any type of promotional advertisement or any other media form used by Answering the Call. My enclosed signature signifies my approval of all limitations listed above.

Applicant's name (please print): \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please have this form notarized.**

State of \_\_\_\_\_,

County of \_\_\_\_\_.

Before me, a Notary Public in and for said county and state of \_\_\_\_\_, \_\_\_\_\_, 200\_. Personally appeared the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the use and purpose therein set forth. Given under my hand and seal of office the day and year above written.

\_\_\_\_\_  
My commission expires: \_\_\_\_\_

Notary Public Stamp