

Mission Trip Application

Name _____

Cell Phone _____

Email Address _____

Are you a member of Sun City Church? _____

Have you completed our Next Steps Series? _____

Do you have a current Passport? _____

In what areas of ministry are you currently serving?

In the event of a medical emergency, leaders may need additional information to provide prompt medical treatment. The information requested below may be needed in those circumstances. Some trips may require that participants be physically and emotionally able to endure very difficult and demanding conditions. All information to be kept confidential.

1. Please circle the option that best describes your general physical health:

Poor with medical conditions

Above average

Poor

Great

Average with medical conditions

Excellent

Average

2. Please circle the option that best describes your physical ability:

Unable to walk anywhere

Can run 1 mile

Can walk 1 mile

Can participate in a half marathon

Can hike 1 mile

Can participate in a full marathon

3. I can easily...

walk up 1 flight of stairs without getting tired.

walk up 10 flights of stairs without getting tired.

walk up 3 flights of stairs without getting tired.

I have no idea

walk up 5 flights of stairs without getting tired.

4. Do you or have you ever had any of these health conditions? If so, please circle:

Severe /frequent headaches

Visual problems

Hearing problems

Dizziness/fainting

Asthma

Heart problems

Nervous breakdowns

Allergies

High or low blood pressure

Mental problems

Epilepsy

Breathing difficulties

Back/neck problems
Joint problems

Diabetes
Digestive problems

If you circled any above, please give more details.

5. Do you have any other health conditions that might prohibit you from participating on this trip?

6. Please list medications you will be taking at the time of this trip:

Description: _____

7. Are you allergic to any medication?

Description: _____

8. Date of last Tetanus shot: _____
What is your blood type? _____

9. Please list any special dietary requirements:

Description: _____

Interests and Skills

1. Which of the following interest you? Circle all that apply.

Trekking	Health/hygiene awareness
Working in the city	Adventure outings
Children's programs	Evangelism
Medicine distribution	Sports outreach

2. Which of the following do you have experience or skills in? Circle all that apply.

Adult education	Business	Tourism/travel
Children's education	Medicine	Art

Children's programs
Journalism
Translation
CPR/first aid
Dance
Farming

Marketing
Gardening
Construction
Engineering
Carpentry
Outdoor education

Counseling
Law
Music performance
Drama/theater
Preaching

3. Are there any other skills or interests you would like to share with us?

4. Have you traveled to a foreign country before? _____

If yes, please give more details as to where and what was the nature of your travels.

Signature _____

Date _____