

July 7 – 15, 2017

General Information**Last** Name: _____ **First** Name: _____ **Middle** Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Email Address: _____

Gender: __ Male __ Female

Birth Date: __/__/__

Marital Status: _____ Single _____ Engaged _____ Married

Names of Parents/Guardians (if 18 or under): _____

Emergency Contact

Name: _____

Relationship: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____

HealthDo you have a physical handicap, disability, or disease that might affect your ability on this outreach trip Yes No? If so, please explain: _____Do you have any chronic illnesses? Yes No If so, please explain: _____

Please list any allergies you may have: _____

Are you currently under medication prescribed by a doctor? Yes No

If so, please explain: _____

Please inform us of any other personal health information we might need to know:
_____Do you have medical or hospitalization insurance? Yes No

Name of Insurance Co. _____

Address: _____ Policy Number _____

If this you're your SSN please list the last 4 #'s. _____

Name of Policy Holder: _____ Phone No. of Insurance Co. _____

Physician Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Medical specialty: _____ Contact number: _____

Please provide the contact number of any other physician who should be consulted in the event of emergency or medical problems.

Legal Information

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment? Yes No

Have you ever been charged, arrested or convicted of a felony or misdemeanor? Yes No

Have you ever terminated your employment or had your employment terminated, or has your employer ever reprimanded you for reasons relating to allegations of physical or sexual abuse or sexual harassment by you? Yes No

Have you ever been reprimanded as a student for harassment (sexual or otherwise) or other inappropriate behavior with another individual? Yes No

If you have answered yes to any of the above, please explain below.

Personal Information

List your church involvement and leadership experience: _____

What are some abilities and talents you feel you have? _____

Do you have a passport? Yes No

If you do not have one, we encourage you to apply for one as soon as possible as retaining a passport can take up to six months. You can apply for a passport at local court house and post offices.

Have you ever been on a global outreach trip before? Yes No

If so, where and when? _____

Please explain why you want to attend this outreach trip.

I am interested in participating in the following ministries:

- Construction Team Medical Team – You don't have to be a MEDICAL professional!
- Outreach - Medical Team Outreach - School Assembly Team

Forest Park Church**Missions Agreement & Guidelines***Mission Statement:*

To engage and inspire all people to passionately pursue a growing relationship with Jesus Christ and others.

Participant Agreement:

In order to participate on a Forest Park Church global outreach trip, each prospective applicant must prayerfully consider and accept the following statements:

1. Realizing as I represent Jesus Christ – first and foremost, as well as, Forest Park Church, my words and actions must be honorable. I will not participate in any behavior that is questionable.
2. Realizing that Christianity has many faces throughout the world, I will respect and honor the culture of ECUADOR, as well as, the families, pastors and leaders.
3. Realizing I am there to serve first. I will a servant's attitude toward all nationals and teammates, and I will submit to the leadership of the ECUADOR Outreach Leadership Team.

*Outreach Guidelines***General:**

- All ECUADOR Outreach guidelines apply at all times, unless the Team Leader specifically gives permission otherwise.
- Be on time to all ECUADOR functions, prayer and rehearsal meetings.

Prayer /Devotion/Drama Rehearsal:

- Attend weekly ECUADOR prayer/devotion/drama rehearsal times, as possible.
- While in ECUADOR, participate in group worship, prayer and devotion times.

Submission to Authority:

- Everyone is to be submitted to the ECUADOR Leadership Team and FPC Pastoral Staff.
- All are to show honor and respect to each other and work in unified cooperation.
- Obey all the Laws of the U.S. and other governments.

_____ (Date)

_____ (Signature)

Forest Park Church

MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY

My signature on this form confirms that I hereby release and hold harmless the Forest Park Church (including its agents, employees, representatives, and staff -- collectively "FPC") from all liability for any medical or health-related problem, personal injury or property damage that I may suffer or incur while traveling or serving on a church-sponsored global outreach or ministry event. For my own safety and well-being, I agree to abide by all rules and regulations established by the FPC representative who is in a position of authority during this time of travel or service. I also accept responsibility for my personal possessions and property during the time of travel or service. If, during this time of travel or service, I am in need of medical or other health-related treatment, but am unable to seek assistance for myself or make decisions for myself, then I give my permission, authority and power of attorney to the FPC representative to seek appropriate care and treatment on my behalf. I further agree that any claim for medical or health-related benefits, personal injury or property damages will be limited to and asserted against insurance companies and/or third persons, parties or entities other than FPC.

(Date)

(Signature)

(Printed Name)

Parent Signature (mandatory, if person traveling or serving is under age 18)

Forest Park Church

NON-REFUNDABLE POLICY**ECUADOR Outreach Trip cost is \$2,000.00**

I, _____, understand that all monies turned in, deposited, or raised for the outreach trip to ECUADOR with the Forest Park Church is non-refundable.

In the case that I do not go on the aforementioned trip, the monies raised will be the property of FOREST PARK CHURCH and used for the designated trip costs.

It is not lawful to issue a "refund" check for overages for monies donated to Forest Park Church on your behalf.

Failure to submit the \$200.00 deposit will indicate that I am no longer interested in the ECUADOR Outreach Trip. I understand that I must provide a copy of my passport or travel authorization by **May 22, 2017** or my participation in this Outreach Trip may be jeopardized.

(Date)

(Print Name)

(Signature)

Parent Signature (mandatory, if person traveling or serving is under age 18)