



Shalom Outreach, Inc.
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 On the Web: <http://www.shalomoutreach.org>

MISSION TRIP APPLICATION FORM

Application Date:		Country Traveling To:		Travel Dates:	
Name:	Last	First	Middle	Initial	Preferred Name
Address:	Street/Box		City	State	Zip
Telephone Number:	Cell	Home	Work	Email Addresses:	
Date of Birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced		
Do you have a passport? <input type="checkbox"/> Yes <input type="checkbox"/> No Passport number: _____			Country Issued:		Expiration Date:
Emergency Contacts (Please List 2):					
Name: _____ Relationship: _____					
Address: _____					
Telephone Number: _____					
Email Address (if applicable): _____					
Name: _____ Relationship: _____					
Address: _____					
Telephone Number: _____					
Current or Last Employer			If Student, Name of School:		
Name of Company: _____			_____		
Address: _____			_____		
_____			_____		
Telephone Number: _____			_____		
Email Address (if applicable): _____			_____		

<p>Health Insurance Information:</p> <p>Insurance Company: _____</p> <p>Policy Number: _____</p> <p>Comments: _____</p> <p>_____</p>	<p>Beneficiary Designation:</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>Telephone Number: _____</p>
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List any disabilities or health issues:

<p>How long have you been a Christian?</p>	<p>Are you a member of a local church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how long?</p>
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Areas of involvement in your local church:

Skills/Talents:

TERMS AND CONDITIONS:

The Terms and Conditions must be signed by an adult missionary or the parent or guardian of a minor. Shalom Outreach, Inc. reserves the right, in its sole and absolute discretion, to terminate your trip at any point before or during the mission if we believe that it is necessary and in the best interest of the team and our hosts. Please read the below terms and conditions carefully before signing and dating at the bottom.

1. I hereby agree that while serving in the mission field, if any of my actions are found to be not in compliance with the goals of the team, the host missionaries or Shalom, in their sole discretion, I will consent to expulsion from the team at the direction of the team leader or any official representative of Shalom Outreach, Inc. Further, I understand that I will forfeit all funds contributed toward this trip (airfare, taxes, and training) for the sake of the overall goal of the remaining team members.
2. I agree that all funds contributed toward this trip (airfare, taxes, and training, etc.) will be non-refundable and forfeited.
3. I hereby release Shalom Outreach, Inc. its board of directors, volunteers, staff and the Executive Director from any and all liabilities associating with my expulsion and any other damages/losses that I may incur as a result of this mission trip.
4. Understanding that Shalom Outreach, Inc. is an international missions organization working to spread the Gospel of Jesus Christ, reaching the lost and reconciling man back to God, I hereby release, hold harmless, and indemnify Shalom Outreach, Inc. its board of directors, volunteers, staff, and the Executive Director, and associates of and from any and every liability, claim, demand, right or cause of action, of whatever kind or nature, which may be asserted by reason of, on account of, or in any way growing out of any and all personal injuries, disease or the effects and/or consequences thereof, or damage to property or person.
5. I consent to permit Shalom Outreach to use my image/video or any other form of media representation in an effort to advance and promote activities on behalf of their organization. I relinquish any and all rights that I may have because of such appearance, I do not expect to be compensated financially or by any other means.
6. By signing this consent, I confirm that I am medically fit to travel on this trip. I understand that Shalom Outreach, Inc. reserves the sole and absolute discretion to require an authorization to travel, by a physician, for me to go on the trip.

Volunteer's Signature: _____ Date: _____

List countries and dates of any previous overseas volunteer services:
