

**INTERNATIONAL CHILDREN'S AID FOUNDATION**

Application to Join the 2009 Short-Term Mission Team

This form is CONFIDENTIAL and will be used only to determine suitability for the team, and then carried in a sealed envelope by the team leader in the event of a medical emergency during the trip.

Dates (circle one): Preferred City of Departure: \_\_\_\_\_

July 17 – July 26

Other: \_\_\_\_\_

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Your occupation: \_\_\_\_\_

Previous destinations you have visited on short-term missions: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Languages spoken/degree of fluency: \_\_\_\_\_

Do you sing? \_\_\_\_\_ Instruments played: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Are you able to pay for this trip independently? \_\_\_\_\_

Anticipated assistance needed: \_\_\_\_\_

Why do you want to participate in this mission?

Are you a Christian? Do you feel Christ calling you to this mission trip?

Do you agree to conform to the Romanian expectations of Christian behavior while on the mission trip? This includes the belief that homosexual acts, sexual activity outside marriage, smoking, and consuming alcohol are sinful. Will you covenant that you will not engage in or advocate such practices? \_\_\_\_\_

Is there a work area where you feel you can make the greatest contribution?

What are some of your concerns over joining this team?

Please describe any serious medical history that a doctor might need to know of during the trip:

What prescription medications do you take? (generic name, strength, and frequency of dosage):

What is your blood type? \_\_\_\_\_ Are you pregnant? \_\_\_\_\_

Please describe your general health condition:

Please list any known allergies and the type of reaction the cause:

Please describe briefly the dates and results of any problems encountered with:  
\_\_\_\_\_hypertension \_\_\_\_\_angina \_\_\_\_\_heart surgery \_\_\_\_\_hepatitis  
\_\_\_\_\_angina \_\_\_\_\_seizures \_\_\_\_\_digestive problems \_\_\_\_\_stroke

What is your personal physician's name and telephone number?

Has he or she, or any other medical professional advised you not to participate in this or other short-term mission trips, or similar forays into less developed countries?

In the event of an emergency, whom should we notify? \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone(s): \_\_\_\_\_

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