

**KASKASKIA BAPTIST ASSOCIATION
MISSIONS VOLUNTEER APPLICATION**
(Permission to copy forms)

Applications must be filled out completely and sent in as soon as possible

I am applying for the (month) _____ (year) _____.

Name _____ Date of Birth _____ Age _____

Address _____ City/State _____ Zip _____

Home phone _____

Contact name and Phone number in case of emergency _____

Are you a U.S. Citizen? _____

Member of what church _____

If under 18, parent or guardian signature _____

Pastor's recommendation
(If under 18) _____

Physician's name & Phone# _____

Talents that might be useful on mission trip _____

Skills such as building, cooking, painting, etc. _____

These Mission Trips will require that you attend **at least two** briefing sessions for cultural training and organizational purposes. Materials and dates of training will be sent to you at a later time.

Do you want to purchase some medical insurance for Mexico? ___Yes ___No
(We can give you a companies information in which you can get it from. While KBA has Insurance, we do not provide individual Mission Trip Insurance)

If the mission trip is outside the United States you are responsible to get a passport for Canada and Mexico or a Border Card.

MEDICAL HISTORY/PERMISSION FORM

(Permission to make copies)

Name _____ Age _____

Address _____ City _____ State _____ Zip _____

In case of emergency notify _____ Phone (____) _____

Family physician _____ Phone (____) _____

Family Insurance Company _____ Policy# _____

IMMUNIZATIONS: ___ Tetanus ___ polio booster ___ measles ___ mumps

PAST MEDICAL HISTORY (Check box to give appropriate information)

___ asthma ___ sinusitis ___ bronchitis ___ kidney trouble ___ diabetes

___ heart trouble ___ dizziness ___ stomach upset ___ hay fever ___ other

(List other) _____

ALLERGIES:

Food _____

Penicillin or other drug name _____

Insect stings/ bites _____

Poison sumac, oak, or ivy _____

Previous operations or serious illness _____

Any *current* medications (list) _____

Special diet (name): _____

CHILDHOOD DISEASES: ___ chicken pox ___ measles ___ mumps ___ whooping cough

Other (list): _____

Permission for Treatment

My permission is granted for Mission Team Leaders to obtain necessary medical attention in case of sickness or injury and I am unable to grant such permission.

Signature _____ Date _____

For those underage Mission Team Members

My permission is given for Mission Team Leaders to obtain necessary medical attention in case of sickness or injury for my child: _____

I am the parent or legal guardian of the above named child, _____,
Relationship, _____, Date _____