

**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 \_\_\_\_\_