Mission Trip Application Form

Mail this completed application to:

Allowing Christ To Shine
P.O. Box 841, Warsaw, IN 46581

Haiti Mission Trip Dates: [＿＿＿＿]   to: [＿＿＿＿]

Please Print:

Your Name [_(As it appears on your passport)_]   *Age* [＿]   *Male* [＿]   *Female* [＿]

E-Mail [＿＿＿＿]   D.O.B. [＿＿＿＿]

Mailing Address [＿＿＿＿]

City [＿＿＿＿]   St. [＿]   Zip [＿＿]

Cell Number [＿＿＿＿]

Home Number [＿＿＿＿]

Marital Status [＿] Married [＿] Single

Occupation [＿＿＿＿]

Emergency Contact [＿＿＿＿]   Cell [＿＿＿＿]

Relationship to You [＿＿＿＿]

Emergency Contact Email [＿＿＿＿]

If you attend church, where? [＿＿＿＿]

Pastor's Name & Church Number [＿＿＿＿] [＿＿＿＿]

Have you been on a Missionary Trip before? What Country and with what organization?

[＿＿＿＿]

[＿＿＿＿]

Tee shirt size ☐ SM ☐ MD ☐ LG ☐ XL ☐ XXL

Medical Conditions [   ]

Send in a copy of your passport page with photo and expiration with this completed application.

I understand that:

1. I must be age 18 or older to participate. (Unless specifically approved by ACTS)
2. There is the possibility the trip can be postponed or cancelled due to unpredictable reasons.
3. Allowing Christ To Shine is not responsible for any lost/stolen or damaged articles before or during the trip.
4. I certify to my knowledge I have no health problems that would hinder or prevent my successful and safe participation in all activities of this mission trip.
5. I give Allowing Christ To Shine permission to use any video, audio, pictures taken of me during this trip in promoting their ministry.

My signature certifies that I have provided truthful information on this application. I agree to abide by all Allowing Christ To Shine policies set forth and will follow all procedures, rules and regulations provided to me by Allowing Christ To Shine staff or their representatives.

My signature below also certifies that I believe myself to be in excellent health and I am unaware of any issues that will endanger my health due to my participation in this trip.

_____   _____   _____
Participant Name (print)   Participant Signature   Date

***** If You are under the age of 18 and have been approved to participate on this trip you will be required to have a parent/guardian signature. The parent/guardian are to be on the trip with the minor.

_____   _____   _____
Parent/Guardian Name (print)   Parent/Guardian Signature   Date