



Returning Applicant Form

Rescuing Forgotten Children, with Jesus' Love

| | | |
|---|---------------------|---------|
| Personal (please type or print clearly) | | |
| Mr./Mrs./Miss/Rev./Dr./RN/PT/Pharmacist/other (please specify) | | |
| Name | sex M / F | |
| Address | | |
| City | State | Zip |
| Phone - Home () | Work() | Cell() |
| Email | | |
| Do you have a passport? Yes / No | | |
| For what country? | | |
| Where was it issued? | Exp. Date. | |
| Passport number | | |
| Team trip(s) you would like to sign up for in order of preference | | |
| 1. | | |
| 2. | | |
| 3. | | |
| Medical Information | | |
| Do you have any chronic illnesses which may adversely affect you on this trip Y / N | | |
| If so, explain: | | |
| Have you had any medical problems in the last six months? | | |
| If so please explain: | | |
| Emergency contacts | | |
| Name | Relationship | |
| Daytime phone () | evening () | |
| Cell () | work () | |
| Address | | |
| Name | Relationship | |
| Daytime phone () | evening () | |
| Cell () | work () | |
| Address | | |
| NOTE Your funds are your responsibility and need to be turned into Medical Mercy by the requested date. Date will differ for each trip. | | |
| I have read and understand the Mission Statement and Statement of Faith that Medical Mercy abides to. The Code of Conduct that is signed, is on record and still applies, and I agree to be a valuable asset to the team by working in unity to help Medical Mercy fulfill the mission and goals stated. | | |

Please sign X _____ Date _____