

**July 6 – 15, 2018****General Information****Last** Name: \_\_\_\_\_ **First** Name: \_\_\_\_\_ **Middle** Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender: \_\_ Male \_\_ Female

Birth Date: \_\_/\_\_/\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married

Names of Parents/Guardians (if 18 or under): \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

**Health**Do you have a physical handicap, disability, or disease that might affect your ability on this outreach trip ☐ Yes ☐ No? If so, please explain: \_\_\_\_\_Do you have any chronic illnesses? ☐ Yes ☐ No If so, please explain: \_\_\_\_\_

Please list any allergies you may have: \_\_\_\_\_

Are you currently under medication prescribed by a doctor? ☐ Yes ☐ No

If so, please explain: \_\_\_\_\_

Please inform us of any other personal health information we might need to know:  
\_\_\_\_\_Do you have medical or hospitalization insurance? ☐ Yes ☐ No

Name of Insurance Co. \_\_\_\_\_

Address: \_\_\_\_\_ Policy Number \_\_\_\_\_

If this you're your SSN please list the last 4 #'s. \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Phone No. of Insurance Co. \_\_\_\_\_

**Physician Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical specialty: \_\_\_\_\_ Contact number: \_\_\_\_\_

Please provide the contact number of any other physician who should be consulted in the event of emergency or medical problems.

\_\_\_\_\_

**Legal Information**

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment? ☐ Yes ☐ No

Have you ever been charged, arrested or convicted of a felony or misdemeanor? ☐ Yes ☐ No

Have you ever terminated your employment or had your employment terminated, or has your employer ever reprimanded you for reasons relating to allegations of physical or sexual abuse or sexual harassment by you? ☐ Yes ☐ No

Have you ever been reprimanded as a student for harassment (sexual or otherwise) or other inappropriate behavior with another individual? ☐ Yes ☐ No

If you have answered yes to any of the above, please explain below.

\_\_\_\_\_

\_\_\_\_\_

**Personal Information**

List your church involvement and leadership experience: \_\_\_\_\_

\_\_\_\_\_

What are some abilities and talents you feel you have? \_\_\_\_\_

\_\_\_\_\_

Do you have a passport? ☐ Yes ☐ No

If you do not have one, we encourage you to apply for one as soon as possible as retaining a passport can take up to six months. You can apply for a passport at local court house and post offices.

Have you ever been on a global outreach trip before? ☐ Yes ☐ No

If so, where and when? \_\_\_\_\_

Please explain why you want to attend this outreach trip.

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I am interested in participating in the following ministries:

- ☐ Construction Team      ☐ Medical Team – You don't have to be a MEDICAL professional!
- ☐ Outreach - Medical Team      ☐ Outreach - School Assembly Team

**Forest Park Church****Missions Agreement & Guidelines***Mission Statement:*

To engage and inspire all people to passionately pursue a growing relationship with Jesus Christ and others.

*Participant Agreement:*

In order to participate on a Forest Park Church global outreach trip, each prospective applicant must prayerfully consider and accept the following statements:

1. Realizing as I represent Jesus Christ – first and foremost, as well as, Forest Park Church, my words and actions must be honorable. I will not participate in any behavior that is questionable.
2. Realizing that Christianity has many faces throughout the world, I will respect and honor the culture of ECUADOR, as well as, the families, pastors and leaders.
3. Realizing I am there to serve first. I will a servant's attitude toward all nationals and teammates, and I will submit to the leadership of the ECUADOR Outreach Leadership Team.

*Outreach Guidelines***General:**

- All ECUADOR Outreach guidelines apply at all times, unless the Team Leader specifically gives permission otherwise.
- Be on time to all ECUADOR functions, prayer and rehearsal meetings.

**Prayer /Devotion/Drama Rehearsal:**

- Attend weekly ECUADOR prayer/devotion/drama rehearsal times, as possible.
- While in ECUADOR, participate in group worship, prayer and devotion times.

**Submission to Authority:**

- Everyone is to be submitted to the ECUADOR Leadership Team and FPC Pastoral Staff.
- All are to show honor and respect to each other and work in unified cooperation.
- Obey all the Laws of the U.S. and other governments.

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Signature)

**Forest Park Church****MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY**

My signature on this form confirms that I hereby release and hold harmless the Forest Park Church (including its agents, employees, representatives, and staff -- collectively "FPC") from all liability for any medical or health-related problem, personal injury or property damage that I may suffer or incur while traveling or serving on a church-sponsored global outreach or ministry event. For my own safety and well-being, I agree to abide by all rules and regulations established by the FPC representative who is in a position of authority during this time of travel or service. I also accept responsibility for my personal possessions and property during the time of travel or service. If, during this time of travel or service, I am in need of medical or other health-related treatment, but am unable to seek assistance for myself or make decisions for myself, then I give my permission, authority and power of attorney to the FPC representative to seek appropriate care and treatment on my behalf. I further agree that any claim for medical or health-related benefits, personal injury or property damages will be limited to and asserted against insurance companies and/or third persons, parties or entities other than FPC.

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(Date)

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(Signature)

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(Printed Name)

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Parent Signature (mandatory, if person traveling or serving is under age 18)

**Forest Park Church****NON-REFUNDABLE POLICY****ECUADOR Outreach Trip cost is \$2,000.00**

I, \_\_\_\_\_, understand that all monies turned in, deposited, or raised for the outreach trip to ECUADOR with the Forest Park Church is non-refundable.

In the case that I do not go on the aforementioned trip, the monies raised will be the property of FOREST PARK CHURCH and used for the designated trip costs.

It is not lawful to issue a "refund" check for overages for monies donated to Forest Park Church on your behalf.

Failure to submit the \$200.00 deposit will indicate that I am no longer interested in the ECUADOR Outreach Trip. I understand that I must provide a copy of my passport or travel authorization by **May 25, 2018** or my participation in this Outreach Trip may be jeopardized.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Parent Signature (mandatory, if person traveling or serving is under age 18)