

**APPENDIX**

(Editors note: Each item to be expanded to full page few before publication)

**MISSION TRIP APPLICATION**

For church records

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Citizenship (Country): \_\_\_\_\_

Passport Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Marital Status:  Single  Engaged  Married  Separated  Divorced

Sex:  Male  Female Email: \_\_\_\_\_

**Emergency Contact Information**

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Please visit a physician or a travel clinic 4-8 weeks prior to your trip departure date. With the help of your physician, you must appropriately fill out the following information, receive the necessary vaccination for international travel, and discuss any needed medications for your trip (Malaria tablets and Travelers Diarrhea tablets are recommended).

### Physical Examination Information (To be completed by physician):

Lung Sounds: \_\_\_\_\_ Pulse: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Rhythm: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Pregnant?: \_\_\_\_\_ Miscellaneous: \_\_\_\_\_

Allergies? \_\_\_\_\_

Identifying Scars or Birth Marks? \_\_\_\_\_

### Immunization Information (Date Received):

Yellow Fever: \_\_\_\_\_ Typhoid: \_\_\_\_\_ Polio: \_\_\_\_\_

Hepatitis A: \_\_\_\_\_ Tetanus: \_\_\_\_\_ Meningitis: \_\_\_\_\_

Hepatitis B: \_\_\_\_\_ Diphtheria: \_\_\_\_\_ TB Skin Test: \_\_\_\_\_

Measles, Mumps, Rubella (MMR): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List of antipsychotics and all current medications (Names and Dosage):

Pertinent Medical History:

# AFFIDAVIT OF PURPOSE

One form per household signed by head of household

I, \_\_\_\_\_ (print name) hereby avow that I personally will be traveling expressly for medical, humanitarian, or religious missionary purposes, and not for either business or leisure.

I also waive all liability and claims of any kind against Lions Gate Ministry Internship, Relevance Church, and Lance Johnson. I additionally agree that I am traveling entirely on my own risk; and assume all responsibility for, and not limited to, health, finance, safety, and loss of life.

As a demonstration of validity of this affirmation, I am hereby furnishing the name and address of the organization I'm traveling with, and not holding liable, below:

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

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

City, State, Zip, Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Traveler (printed): \_\_\_\_\_

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

City, State, Zip, Country: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ADDRESSES

All Addresses are subject to change. Confirm with the Relevate Church Trip Planner for further information:

Pastor Joseph Yaro (Relevate Church Tamale)

Pastor Joseph Konlanbik Yaro  
C/O Post Office Box 444  
Tamale Northern Ghana - West Africa  
Cell Phone(s): 233-208293854  
233-245345798

Hotel Mariam (Hotel in Tamale)

Hotel Mariam  
Post Office Box 2363  
Tamale Northern Ghana  
Tel: 233-03720-25446  
233-03720-23548  
Fax: 233-03720-25556  
Website: [www.hotelmariam.com](http://www.hotelmariam.com)  
email: [info@hotelmariam.com](mailto:info@hotelmariam.com)

Relevate Church Ghana

Relevate Church Ghana  
Tamale-Katariga West  
C/O Post Office Box 444  
Tamale N/R