



Missions training application

Mailing address: 4370 Wayne, 403 Greenville, MO. 63944

Phone: (636) 358-6365

INSTRUCTIONS:

Please answer all questions and print in blue or black ink. Completed application must be received by _____ with a deposit of \$500 made payable to Beyond Borders. This fee is non-refundable.

GENERAL INFORMATION

Legal Name (as it appears on your passport): _____

Passport Number: _____ Expiration Date: _____
(Only applicable for international trips)

Age: _____ Birthdate: _____ Citizen of: _____ Birthplace: _____
Years Month/Date/Year Country Country

Gender: _____ Occupation: _____

Mailing Address: _____
Street, Box #, or R.R. City State Zip/Postal Code

E-mail address: _____

Phone numbers: (home) _____ (work) _____ (mobile) _____

Adult T-shirt Size: _____ XS _____ S _____ M _____ L _____ XL _____ XXL _____ XXXL

Emergency Contact (someone who will not be going on the trip with you):

Name: _____ Relationship to you: _____

Mailing Address: _____
Street, Box #, or R.R. City State Zip/Postal Code

Phone numbers: (home) _____ (work) _____ (mobile) _____

Training event or missions trip you are applying for:

Location: _____ Date of Trip: _____
City and/or Country Month/Date/Year

MEDICAL INFORMATION

During training, there will be many nights spent in a village setting. This means that food will be prepared and eaten outdoors, there will be an outhouse, and you will be sleeping on the ground in a shelter. Please expect temperatures to be between 90 and 100 degrees in the day and as low as 40 degrees at night.

Your daily activity will include: working, cooking, hiking, street evangelism, etc. Many scenarios will be run at night, and will be physically and psychologically challenging.

Everyone can fulfill their calling and be used of God in spite of any disability or handicap. Although we will make every effort to help you prepare for future ministry, please understand that off-grid travel is not for everyone, and we must consider both physical and mental disabilities of those we train.

1. Do you have any physical condition that may limit your ability to perform the ministry for which you have applied under the conditions above? (i.e., have you experienced any knee or back problems?)
 Yes No If yes, please explain: _____

2. Do you have any existing medical condition that may require extended medical treatment or surgery in the future? Yes No If yes, please explain: _____

3. Have you had any surgery or major health problems in the past two years? Yes No
If yes, please explain: _____

4. Are you currently taking or do you regularly take any medications? Yes No If yes, please explain and indicate which are prescription and which are non-prescription: _____

5. Are you currently under a doctor's care or have you been in the past year? Yes No
If yes, please explain: _____

6. Do you have any special dietary needs? Yes No If yes, please explain: _____

7. Please summarize your health. Do you place any limits on yourself to avoid physical or medical problems? (Any hearing, vision, mobility limitations?) _____

MEDICAL INFORMATION (Continued)

EMERGENCY INFORMATION AND LIABILITY WAIVER

IN CASE OF EMERGENCY, CONTACT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Home Phone: _____ Cell/Work: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Home Phone: _____ Cell/Work: _____

LIABILITY WAIVER

**** Please note many participants will experience minor cuts, bruises, and burns. Although we take precautions to prevent accidents the risk of serious injury is real. All students must take personal responsibility to keep themselves and those around them safe. ****

If I am accepted, I assume all responsibility for my actions. I release Beyond Borders (including any participating staff and volunteers) from all liability, loss, injury, illness, or damage to my property or myself that may occur while participating in the training. I authorize the Beyond Borders staff as my agent to act on my behalf in case medical treatment may be required. I consent to allow the Beyond Borders staff to authorize medical, dental, or surgical diagnosis, X-ray examination, and treatment including surgery and hospital care for me if needed and if advised by a licensed physician, surgeon, or dentist.

In the event of my death, I understand that the country I am in may not allow my body to be shipped home. I understand that there is always an element of risk involved in travel and participating in religious work in other countries.

Signature of Applicant: _____ Date: _____

Signature of Parent or Legal Guardian _____
(if applicant is under 18 years of age)