



TRIP APPLICATION

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

Title: _____ Date of Birth: _____ Age: _____

Specific Trip and Date Applying for: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Home Telephone: () _____ Business Telephone: () _____

E-Mail Address: _____ Fax Telephone: () _____

Passport Number: _____ Passport Expiration Date: _____

Nearest Major Airport: _____ Church Affiliation: _____

Special Language Skills: _____

Emergency Contact Information: _____

Name of Contact Person: _____ Relationship to you: _____

Telephone #1: () _____ Telephone #2 () _____

Address of Contact Person: _____

Name of Beneficiary for Traveler's Insurance: _____

List all medication allergies and your reactions to them: _____

List all pertinent health information and dietary needs: _____

Have you had all appropriate immunizations recommended by the CDC for specified travel area?

Yes

No

(Please see the CDC website at: www.cdc.gov and view the *Traveler's Health* section for health information about the region you will be traveling in. You are responsible for obtaining CDC recommended immunizations prior to your departure.)

Date of last TB test and result: Positive Negative

I hereby attest that the information provided above is true:

Participants Signature: _____ Date: _____

Printed Name: _____

Please include with this application:

- 1 Copy of your passport
- 2 Copy of your immunization record
- 3 Copy of your professional license or certification
- 4 Character reference: Name of person who knows you well (e.g. pastor)

We ask that you visit the State Department web-site (www.state.gov) and research the *Consular Information Sheet* for your travel area. This will give you signification up-to-date information about your travel area and make you aware of necessary requirements and cautions.

Release of Liability Statements:

I hereby release Vision Outreach International, Inc. (VOI) of all liability pertaining to my involvement in the above mentioned mission trip. I have agreed to participate in this trip voluntarily and understand the risks involved in this type of work and international travel.

Participants Signature: _____ Date: _____

Printed Name: _____

Witness: _____ Date: _____