

Victory Latin American Outreach, Inc.

Short-Term Missions Application

Please print or type

Last Name:		First Name:		Middle Name:	
Street Address:				City:	
State:		Zip Code:		E-Mail:	
Home Phone:			Work Phone:		
Birth date:		Age:	Sex: <i>M</i> <i>F</i>	Height:	Weight:
Do you have a passport? <i>Yes</i> <i>No</i>			Passport Number:		
Marital Status: <i>Single</i> <i>Married</i> <i>Separated</i> <i>Divorced</i> <i>Widowed</i>				Number of Children:	
Parent's or Spouse's Name:			Parent's Phone:		
In case of emergency contact:				Home Phone:	
Relation to you:				Work Phone:	
What languages are you able to communicate in and in what capacity?					
Language: _____ (check all that apply) <input type="checkbox"/> Speak <input type="checkbox"/> Translate <input type="checkbox"/> Read (check one) <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced					
What Church do you attend?					
Church Address:				Pastor:	
Church Phone Number:				E-mail:	
How long have you attended?			Date you received Christ?		
How would you rate your physical condition? (please circle one)					
<i>Excellent</i> <i>Above Average</i> <i>Good</i> <i>Fair</i> <i>Poor</i>					
Do you have or have you ever had:			Yes / No		
Diabetes ?			Y / N		
Seizures ?			Y / N		
Heart condition ?			Y / N		
Respiratory problems ?			Y / N		
Psychiatric care ?			Y / N		
Physical disability ?			Y / N		
Currently pregnant ?			Y / N		
Other ?			Y / N		
Are you presently under a doctor's care or taking medication? Yes / No If Yes, Please explain below.					
Do you have special diet requirements for medical reasons? Yes / No If Yes, Please explain below.					

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I, the undersigned and we, the parents or legal guardians and/or custodians of the undersigned (if a minor), give permission for the undersigned participant to go on a short-term mission project under the leadership of Victory Latin American Outreach (Roca Blanca Missions Base), and HEREBY RELEASE AND AGREE TO HOLD HARMLESS Victory Latin American Outreach, Inc. and their officers, employees, agents, and servants, from any liability whatsoever that might occur to the undersigned, as the result, whether immediate or proximate or not, due to my participation in the short-term mission project sponsored by the above mentioned party. I specifically agree to personally provide any and all insurance policy protection that may be necessary, helpful, or desirable for my participation and I will not rely upon Victory Latin American Outreach, Inc. for such protection.

Participant's Signature: _____ Date: _____

Parent / Guardian (if under 18): _____ Date: _____

Please Return To: Victory Latin American Outreach, Inc., at fax 620-662-5400

Doctor's care or medication explanation:

Special diet requirements for medical reasons explanation: