



Mission : Santo Domingo, Dominican Republic — April 10—17, 2015

APPLICATION & PARENTAL CONSENT FORM

(Please PRINT clearly)

Applicants Full Name: _____

Parents/Guardians Name (first and last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: (mm/dd/yyyy): _____

Health Insurance Company Name: _____

Policy Number: _____

(Please include a copy of your Health Insurance Card with this form.)

Email Address: _____

Home Phone: (_____) - ____ - _____ Cell Phone: (_____) - ____ - _____

Emergency Name: _____ Number: (_____) - ____ - _____

Parent or Guardian please sign below if participant is under the age of 18 and get it notarized.

I, _____ (applicant) volunteer to travel with Mission of God Ministries to Santo Domingo, Dominican Republic on April 10—17, 2015. I understand that while I am participating on this team trip I have to comply with all orders and directives of the team leader and the missionary in charge. I give Mission of God Ministries permission to seek emergency medical treatment for me in the case that it is needed. I understand the risks involved with ministry in another country, possible light construction work and travel. I assume the risks of death, injury and damage associated with such risks. I verify that I am physically fit and have no medical conditions that would prevent me from performing the volunteer services for which I am applying. I waive any and all claims for damages, which I or my heirs may have against Mission of God Ministries or any host of Mission of God Ministries.

Applicant

Parent/Guardian

Signature Date

Signature Date

Certificate of Acknowledgement of Notary Public

STATE of _____ COUNTY OF _____

Acknowledged before me on _____ (date)

By _____ (parent / legal guardian)

And _____ (parent / legal guardian)

Signature of Notarial Officer State of _____

My commission expires