|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Logo  Description automatically generated | |  | *Admin Only:*  *O Copy of Passport*  *O copy of Licensure*  *O Copy of Vax/Covid19*  *O Copy of*  *O 1st payment \_\_\_\_\_\_\_\_\_\_*  *O 2nd payment \_\_\_\_\_\_\_\_\_*  *O 3rd payment \_\_\_\_\_\_\_\_\_*  *O 4th payment \_\_\_\_\_\_\_\_\_*  *O 5th payment \_\_\_\_\_\_\_\_\_* |
| **APPLICATION FOR SHORT TERM MISSIONS TRIP** | | | | | |
| **Mission Trip:** | | **Dates:** | | | |
| *Notice: Once Airline tickets are booked, Trip becomes nonrefundable.* | | | *Initials:* | |  |
| *A new application must be submitted for each mission trip.* | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| *Please provide full legal name as it will appear on your passport* | | | | | |
|  | | | | | |
| **Name:** | |  | |  | |
| *First* | | *Middle* | | *Last* | |
|  | | | | | |
| **Passport Number:** |  | **Birthdate:** | |  | |
| **Date Issued:** |  | **Date Expires:** | |  |  |
|  |  |  | |  |  |
| **Shirt Size:** |  |  | | | |
| *\*Attach a copy of photo page & Signature page to this application* | | | | | |
| *\*\*Passports must be current and cannot be expiring within 6-months of return.* | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Contact Info:** |  | | |  |  |
| Address: |  | | | City: |  |
|  |  | | | State: |  |
|  |  | | | Zip Code: |  |
| Email Address: |  | | | Phone: |  |
|  |  |  | |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Emergency Contact:** |  | | |  |  |
| Address: |  | | | City: |  |
|  |  | | | State: |  |
|  |  | | | Zip Code: |  |
| Email Address: |  | | | Phone: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Medical Information**: | |  | | | |
| How do you assess your current health? | | | | O Good | O Well |
|  | | | | O Recovering | O Poor |
|  | | | | | |
| Are you currently under the care of a doctor? | | | | O Yes | O No |
| If so, please explain: | |  | | | |
|  | | | | | |
| Please circle the appropriate responses and provide details if your answer is yes to any of the following questions. | | | | | |
| Asthma: | O Yes | O No Details: | |  |  |
| Other Respiratory: | O Yes | O No Details: | |  |  |
| Cardiac: | O Yes | O No Details: | |  |  |
| Seizures/Epilepsy: | O Yes | O No Details: | |  |  |
| Medical Device: | O Yes | O No Details: | |  |  |
| Allergies: | O Yes | O No Details: | |  |  |
| Medications: | O Yes | O No Details: | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
| **Experience:** |  | | | | |
| Do you speak Spanish? | | O Yes | | O No Details: |  |
| Can you translate Spanish? | | O Yes | | O No Details: |  |
| Are you Medically Trained? | | O Yes | | O No Details: |  |
| *If yes, please provide a copy of your medical license.* | | | | | |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
| “I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations that my application may be rejected, and active volunteer status may be terminated at any time. In consideration of my application, I agree to adhere to the policies and regulations of ER Abroad”. | | | | | |
|  |  |  | |  |  |
| *If you are completing this application by electronically, typing of your name will be considered equivalent of electronic signature.* | | | | | |
| Print Name: |  | | | | |
|  | | | | | |
| Signature: |  | | | | |
|  | | | | | |
| Date: |  | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Sexual Misconduct Policy** | |  | | | |
| ER Abroad expects their volunteers, organizational members, board members, children, and other participants to honor God’s intention with regards to the gift of sexuality. Therefore, responsible participants are aware that inappropriate sexual activity abuses the power and authority of our education and developmental roles, is contrary to our principles, and is outside the scope of our duties of our vocation and participation. All participants of ER Abroad and our associates must comply with appropriate state, local and national laws regarding actual, alleged, or suspected sexual misconduct and harassment, and with the procedures outlined within this program. | | | | | |
| **Photo Release** | |  | | | |
| “I grant ER Abroad, its representatives, organizational members, and associates the right to take photographs and/or videos while participating within the program. I agree that ER Abroad may use such photographs, film footage, or tapes recordings of me for any lawful purposes, including such purposes as publicity, illustration, advertising, and Web content”. | | | | | |
| **Volunteer Liability** | |  | | | |
| “I agree not to hold liable or responsible ER Abroad, its organizational members and/or its associates from any damages to or loss individual property, sickness or injury which may occur while participating within the organization. It is my understanding that ER Abroad will take the needed precautions to minimize the chances of any incident occurring during the volunteer experience, and will endeavor to seek appropriate assistance, if and when needed, but will not be held responsible or liable. I acknowledge that said mission trip begins when I leave home en route to the airport prior to departure and ends when I return to my home at the conclusion of the trip”. | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| *If you are completing this application by electronically, typing of your name will be considered equivalent of electronic signature.* | | | | | |
| Print Name: |  | | | | |
|  | | | | | |
| Signature: |  | | | | |
|  | | | | | |
| Date: |  | | | | |
|  | | | | | |
| Once completed, please save the document as; **LAST NAME FIRST NAME ER ABROAD APPL** and then email this application and all other required documents to [admin@erabroad.org](mailto:admin@erabroad.org). Thank you for your consideration to join one of ER Abroad future Mission trips. | | | | | |
|  |  | | | |  |
|  | All Rights Reserved, ER Abroad Copyright © 2021 | | | |  |