



“ATTACH 2 PASSPORT PHOTOS HERE”

SHALOM OUTREACH, INC.

P.O. Box 1669

Dale City, Virginia 22195

Phone: 703 590-3331 Fax: 703 730-0011

Email: info@shalomoutreach.org On the Web: www.shalomoutreach.org

MISSION TRIP APPLICATION FORM

Application Date:	Country Traveling To:	Travel Dates:
Name:	Last First Middle Name	Preferred Name
Address:	Street/Box City State Zip	
Telephone Number:	Home Work Other	Email Addresses:
Date of Birth: — —	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced
Social Security Number: — —	Do you have a passport? <input type="checkbox"/> Yes <input type="checkbox"/> No Passport number: _____	Country Issued: _____ Expiration Date: _____
Emergency Contacts (Please List 2):		
Name: _____ Relationship: _____		
Address: _____		
Telephone Number: _____		
Email Address (if applicable): _____		
Name: _____ Relationship: _____		
Address: _____		
Telephone Number: _____		
Current or Last Employer	If Student, Name of School:	
Name of Company: _____	_____	
Address: _____	_____	
_____	_____	
Telephone Number: _____	_____	
Email Address (if applicable): _____	_____	

<p>Health Insurance Information:</p> <p>Insurance Company: _____</p> <p>Policy Number: : _____</p> <p>Comments: : _____</p> <p>_____</p>	<p>Beneficiary Designation:</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>Telephone Number: _____</p>
---	---

List any disabilities or health issues:

<p>How long have you been a Christian?</p>	<p>Are you a member of a local church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how long?</p>
---	---

Areas of involvement in you local church:

Skills/Talents:

I hereby submit that upon arriving in the mission field, if any of my actions are found to be not in compliance with the goals of the team, the host missionaries or Shalom, I will consent to return home at the direction of the team leader or any Board member of Shalom. I further will forfeit all funds contributed toward this trip (airfare, taxes, and training) for the sake of the overall goal of the remaining team members.

1. I hereby agree that while serving in the mission field, if any of my actions are found to be not in compliance with the goals of the team, the host missionaries or Shalom, in their sole discretion, I will consent to expulsion from the team and return home at the direction of the team.
2. I agree that all funds contributed toward this trip (airfare, taxes, and training, etc.) will be non-refundable and forfeited.
3. I hereby release Shalom Outreach, Inc. its board of directors, volunteers, staff and Executive Director from any and all liabilities associating with my expulsion and any other damages/losses that I may incur as a result of this mission trip.
4. Understanding that Shalom Outreach, Inc. is an international missions organization working to spread the Gospel of Jesus Christ, reaching the lost and reconciling man back to God, I hereby release, hold harmless, and indemnify Shalom Outreach, Inc. its board of directors, volunteers, staff, and Executive Director, and associates of and from any and every liability, claim, demand, right or cause of action, of whatever kind or nature, which may be asserted by reason of, on account of, or in any way growing out of any and all personal injuries, disease or the effects and/or consequences thereof, or damage to property or person. I consent to permit Shalom Outreach to use my image/photo or any other representation in an effort to advance and promote activities on behalf of their organization.

Volunteer's Signature: _____ Date: _____

List countries and dates of any previous overseas volunteer services:
