



Module 2: Application

Legal Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: _____ Age: _____ DOB: _____

Occupation: _____ Congregation: _____

Mission City: _____ Mission Country: _____

Parent or Guardian / Emergency Contact:

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

If traveling internationally, please submit with a copy of your passport.

Mission Philosophy Agreement and Waivers

I **understand** that I (my child) may be involved in the following types of work as a part of a service experience: simple carpentry, simple plumbing, ceramic tile work, which will include lifting of moderate weights or possibly food service and hospitality services such as: soup kitchen, food pantry, or distribution center. Are there any specific activities to be restricted? If so, please describe: _____

The undersigned does hereby give permission to (my child), _____, to participate in a service opportunity sponsored by the **Board of World Mission, Moravian Church, N.A.**

I (**authorize** an adult, in whose care the minor has been entrusted, to) **consent** to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons the undersigned shall assume all transportation costs.

My child understands that he/she must abide by the rules established by the youth group leaders. In the event of his/her failure to abide by the rules I understand that I will be contacted and be expected to come and pick him/her up.

The undersigned also does hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Board of World Mission, Moravian Church, N.A.

I, as an adult participant, or being parent/guardian of _____, hereby consent that my/his/her image, and likeness, as shown in videotapes, photographs, and/or electronic images in which I/he/she appear(s), and/or audio recordings made of my/his/her voice may be used by the Moravian Church and Board of World Mission in publication, on official BWM web page, or social media for mission trip promotion and informational sharing.

Participant's signature: _____ Date: _____

Parent's/Guardian's signature: _____ Date: _____

Health Information

Participant's Name: _____ Sex: M F

Age: _____ DOB: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Cell Phone: _____

Insurance Information (Attach copy of insurance card)

Insurance Company: _____

Policy Holder: _____ Preauthorization #: _____

Group #: _____ Policy/I.D. Number: _____

Medication: Will participant be taking medication during the experience?

Yes: _____ No: _____

If participant will be taking any type of medication, including vitamins & natural remedies:
-be sure participant name, medication name & how medication is to be given is clearly marked on container(s).

-bring prescription medicines in the original pharmacy containers with directions & dosage label.

-please bring only the amount of each medication the participant will need for time of experience.

-fill out medication form below.

Name of Medication	Reason for taking	Dosage	How / When given

Special Considerations / Allergies / Dietary Restrictions:
