



Application for Returning Team Members

Operation Serve International

Trip Date: ____ / ____ / 20

Country: Mexico Egypt Other:

Team Coordinator:

Date of last trip with OSI:

Personal Information

Name on passport: _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Spouse Name: _____	
Preferred Name: _____	Date of Birth: _____				
Address: _____					
City: _____	State: _____	Zip: _____			
Cell Phone: _____	Home Phone: _____		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
E-Mail Address: _____	Occupation: _____				
Since your last full application, list all specialized trainings/certificates you have obtained: _____					
Church Attending: _____	Senior Pastor/Priest: _____				
Passport Number: _____	Issue Date: _____	Expiration Date: _____			

General Information

Roommate Requested: _____ Single rooms (\$200 extra) are subject to availability

T-Shirt size: Small Medium Large X-Large 2X-Large 3X-Large

Ministry Area Preferred: _____

Medical Information

Emergency Contact Name: _____	Relationship: _____	
Cell Phone: _____	Home Phone: _____	Other: _____
Medical Insurance for Travel? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Name: _____	Policy Number: _____	
The information in this section is strictly confidential and used by the field physician in case of illness. If you have any questions or would like to speak directly to a medical professional with Operation Serve, please let us know.		
Do you have any health conditions we need to be aware of? Y N	List: _____	
Do you have any allergies to food, medication, etc...? Y N	List: _____	
Do you have any physical limitations? Y N	List: _____	
Prescription Medication you are currently taking? Attach a separate sheet if needed.		
Medication: _____	Dosage/Frequency _____	
Medication: _____	Dosage/Frequency _____	
Medication: _____	Dosage/Frequency _____	

See reverse for additional Information.

Release of Liability/Statement of Agreement

I hereby agree to the performance of any medical treatment, including anesthetics, deemed necessary by the attending physician in the event that I am unable to make these decisions for myself.

I hereby release Operation Serve International and all persons affiliated with this ministry from any liability arising from any injury, damage, or loss that may be sustained by me during my course of involvement with a short term mission's trip. I also release Operation Serve International from any liability for health impairment or bodily injury because of any pre-existing health condition. I will be responsible for monitoring and managing all aspects of any pre-existing conditions.

I certify that I will submit myself to the Guidelines and Leadership of Operation Serve International. The Statements I have made on this application are true to the best of my ability. I agree that any statements, photographs, videotaped material, and any other media item can be used as promotional materials for Operation Serve. This includes, but is not limited to: newsletters, brochures, internet, and displays.

Applicant Signature: _____

Date: _____

Guardian Signature: _____

Date: _____

(Legal guardian signature is required if applicant is under 18 years of age.)