



Application for Returning Team Members

Operation Serve International

Trip Date: _____

Country: _____

Mexico

Egypt

Team Coordinator: _____

Personal Information:

At the time of travel you will be a(n)

Minor

Adult

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

What year did you accept Jesus as your Lord and Savior? _____

Rooming:

List names of requested roommates. Final rooming will be assigned by OSI staff. Single rooms are an additional \$300 per week and are subject to availability.

1. _____ 2. _____

T-shirt Size: _____ Preferred Ministry Area: _____

Emergency Contact:

Name:		Relationship:	
Cell Phone:	Home Phone:	Other:	
Medical Insurance for Travel?		Insurance Provider:	

Do you have any other health conditions we should be aware of? _____

Do you have any Food/Medication allergies? _____

Do you have any physical limitations? _____

Have you received the COVID vaccine?

Yes

No

Date received:

Do you plan on getting the COVID vaccine before your mission trip?

Yes

No

Operation Serve International Short Term Missionary Application

Name:

Trip Date:

Existing/Pre-Existing Medical Conditions (check all that apply):

COVID-19 (Date: _____)) List any long/short term side effects:
Heart Attack (Date: _____)	Heart Disease
Stroke (Date: _____)	Blood Clots
High/Low Blood Pressure	Crones Disease
Asthma	Cancer
Diabetes	History of Seizures
I have had Measles	I have had Chicken Pox

List of Prescription Medications (use a separate sheet if necessary):

Medication:	Dose:	Frequency:
Medication:	Dose:	Frequency:
Medication:	Dose:	Frequency:

Consent for Medical Treatment and Release of Liability:

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, illness, damage, or loss which 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 as a result of any pre-existing health condition. I will be responsible for monitoring and managing all aspects of any preexisting condition.

I hereby agree to repay any expenses that Operation Serve international incurs on my behalf for the treatment of any injury/illness.

Attestation:

I hereby certify that I have read the Statement of Faith and Honor Code of Operation Serve international. I further 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 for promotional material by Operation Serve International. 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.)

Your non-refundable \$25 application fee should be submitted with this form. Upon acceptance of your application, you will receive a packet of training materials and confirmation of your travel date. You will also receive an OSI shirt that you are to wear as you travel for identification at the airport.

Thank you for joining with us in serving the poor throughout the world!

PO Box 18070 * Fairfield, Ohio 45018 * Phone: 513-939-2000 * info@operationserve.org www.operationserve.org