



MISSION TRIPS

APPLY FOR A MISSION TRIP

Name

Title*

Middle

First*

Last*

Account Information

Primary Email*

Personal

Nick name - if different from First Name.

Gender*

Physical Mailing Address

Street*

City*

Country*

State*

Zip*

Phone Numbers

Home

Cell

Work

Primary Phone to Contact You

Marital Status

Spouse's Name (first name only)

Date of Birth (mm/dd/yyyy)*

Occupation

Help

T-shirt Size*

Skills List (up to 100 characters)

Trip and Travel Information

Passport First Name*

Passport Middle Name

Passport Last Name*

Passport Number*

(Please put "PENDING" in the field for PASSPORT NUMBER if you have applied or will soon apply for your passport but, have not received it yet. If your passport is pending, please list today's date in the issuance and expiration boxes.)

Citizenship

Place of Birth

Date of Issuance (mm/dd/yyyy)

Date of Expiration (mm/dd/yyyy)

Travel Accommodations

Accommodations

Double Occupancy - (Trip Cost based on double occupancy)

Single Occupancy - I will pay extra to have a Single Room.

Roommate Request

How Did You Hear About This Trip?

Names of Family Members Traveling With You On Trip

Family Member 1

Family Member 2

Family Member 3

Family Member 4

Family Member 5

Preferred MAJOR INTERNATIONAL AIRPORT for Domestic Departure

Airport Name

Seat Preference

(window, middle, aisle)

Freq. Flyer Info

In which trip would you like to participate? (Country, Date)

Emergency Contact #1 (NOT individuals traveling with you)

<input type="text"/>	<input type="text"/>	
Name*	Relationship*	
<input type="text"/>		
Address*		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City*	State*	Zip*
<input type="text"/>	<input type="text"/>	
Phone*	Email*	

Emergency Contact #2 (NOT individuals traveling with you)

<input type="text"/>	<input type="text"/>	
Name	Relationship	
<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip
<input type="text"/>	<input type="text"/>	
Phone	Email	

Beneficiary Information

One More Child asks for a designated beneficiary so we can purchase secondary travel insurance for all mission trip participants.

This insurance covers everything from lost or stolen baggage to emergency medical evacuation. To purchase secondary insurance, a designated beneficiary is required by our insurance provider.

<input type="text"/>	<input type="text"/>	
Name*	Relationship*	
<input type="text"/>		
Address*		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City*	State*	Zip*
<input type="text"/>		

List Any Physical Limitations or Restrictions*

Allergies*

Medications or Prescriptions You Are Taking*

List Any Special Dietary Needs*

Blood Type*	<input type="text"/>	
Last Tetanus Shot*	<input type="text"/>	
Rate Your General Health*	<input type="text"/>	(Above Average, Average Below Average)

Does Anyone Have Power of Attorney Over You?

YES, Someone else must make all legal decisions concerning my health

NO, I am able to make all legal decisions for myself.

Ministry Questions

Do you speak any foreign languages? If yes, please list.

Would you be willing to give a devotional or speak at one of our team meetings? Yes

Have you ever been convicted of a crime, other than a minor traffic violation?

NO, I have never been convicted of a crime.

YES. If Yes, please explain below:

If you answered yes to the above, please explain below

Have you been on any previous One More Child trips?*

Church Membership

Do you attend church regularly?*

Name of Church

City

Denomination

Name of Pastor (First & Last)

State

Testimony

Please describe your relationship with Jesus Christ (include how and when you became a believer).*

List any overseas or or cross-cultural experiences you have had (including prior mission trip experience).*

List any volunteer or professional experiences that you have had working with children.*

What are your prayer requests for this mission trip?

1

2

3

4

Personal Reference (Someone not related to you)

Name

Relationship

Phone

Email

Pastoral/Spiritual or professional reference

Name

Church or Organization

Position

Phone

Email

Submit Application

I am a volunteer trip applicant eighteen (18) years of age or older, or a/the legal guardian of a volunteer trip applicant.

- * I have read in its entirety, understand and agree to the terms found in the [Release and Waiver of Liability](#).
- * I have read in its entirety, understand and agree to the terms found in the [Contract and Code of Conduct](#).
- * I have read in its entirety, understand and agree to the terms found in [Payment & Late Registration Policy](#).
- * You must mail us an original, notarized [Parental Consent Form](#).

I understand my signature below constitutes my signature for each of the above documents.

Further, I authorize One More Child or its agents to verify the information contained in this application, including conducting a background screening.

Full Name of Applicant or Parent/Guardian of Minor Applicant:*

Social Security #:*

One More Child's mission is to provide Christ-centered services to vulnerable children and struggling families. As such, One More Child believes the safety of children to be of upmost importance and abides by the high standards set by our Child Protection Policy and Procedure. By submitting this application to volunteer with OMC, you agree to the following:

- Uphold each child's safety as crucially important*
- Speak and act in a manner that is respectful of all children*
- If you see or suspect any potential child abuse and/or neglect, notify OMC staff immediately who will assist you in fulfilling any reporting requirements*