

Calvary Baptist Church
1100 E. Boal Ave.
P.O. Box 775
Boalsburg, PA 16827
814-238-0822

Contact people: Brooks & Sharon Way 692-8943
Beckie Romig 574-6504

Application for Dominican Republic Mission Trip
March 4-11, 2012
Please circle above which week you prefer to attend

Name (as it appears on your passport): _____

Passport #: _____ Expiration date: _____

Please make a copy of your passport and attach it to this application.

If you do NOT yet have a passport you MUST submit an application for one to the post office IMMEDIATELY. Please include a copy of your passport application with this application as for flight reservations we will need your name exactly as it will appear on your passport.

Local address _____ Local Phone _____

_____ Cell Phone _____

Permanent address _____ Perm. Phone _____

(if different)

E-mail address _____ Complete Birth date _____

Emergency contact & phone number in the U.S. _____

I will self-support _____ I will send support letters _____

We will be doing various work projects while in the Dominican Republic. This year projects will include: leveling soil, pouring concrete for footers, and building an entrance, gateway and driveway, for the girls' orphanage and painting and general maintenance at the boys' orphanage. We will also have a group each morning & afternoon assigned to the craft/game rooms. **Each person is expected to work a minimum 5 hours each day** in order for us to fulfill all of our mission/ministry goals. In order for us to plan work teams, please detail any health problems or physical limitations you have. Please be specific. In addition, let us know if you have any other special health needs.

To help in the assignment process for this year's trip, please complete the following questions. Feel free to attach additional sheets as necessary.

1. Please share a brief account of your personal testimony (how & when you became a Christian). You will not be excluded from the trip if you are not a Christian, simply leave this section blank, no problema!

2. What do you hope to gain from this trip? Why do you want to go?

3. Please list any ministry activities in which you are currently involved and your role in them.

4. List any talents, skills, abilities, experience or gifts that you believe would be useful on this trip (i.e. music, dance, crafts, construction experience, teaching, leadership, etc.)

5. Languages spoken:

Proficiency (circle one):

_____	Limited	Moderate	Fluent
_____	Limited	Moderate	Fluent

6. What is the reaction of your immediate family to your participation? (i.e. Supportive? Anxious? Opposed?)

7. Please detail any previous experience you have had in the DR or another culture. What did you like? What was a challenge for you?

8. Please provide name, address & phone number for two references who know you well.

Reference #1

Name _____

Address _____

Phone _____

E-mail _____

Reference #2

Name _____

Address _____

Phone _____

E-mail _____

I authorize Calvary Baptist church to contact the references I have listed and I authorize the references to provide any information relevant to determining my suitability for participating in an overseas mission trip.

(signed)

(date)

Having read & understood the "Code of Conduct," I commit to following it in its entirety while serving at the Rose of Sharon Orphanage in the Dominican Republic. I understand that my refusal or inability to abide by this document may result in my being asked to return to the States immediately, and that I will be responsible for all fees associated with my return trip.

(signed)

(date)

Having read & understood the "Important Team Information" pages regarding payment & team meeting requirements, I commit to submitting the required funds by the deadlines. Any problems or concerns I have with support raising will be promptly discussed with a team leader.

(signed)

(date)

Please mail this application, \$200.00 faith money (checks made payable to "Calvary Baptist Church") and copy of passport or passport application.

Mail to: Beckie Romig 525 South Pugh Street State College, PA 16801 574-6504

We look forward to serving with you!

Please do not hesitate to call or e-mail us with ANY questions you may have.

Medical Information Form

To be completed by a Parent or Guardian if traveler is under 18

Calvary Baptist Church 1100 East Boal Ave. Boalsburg, PA 16827 tele: (814) 238-0822

(Please print neatly)

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Social Security # (may be needed for medical records) _____ Home Phone # (_____) _____
Complete Parental information if traveler is under 18:

Mother's name _____ Work Phone # (_____) _____

Father's name _____ Work Phone # (_____) _____

Second parent or guardian's name _____ Work Phone # (_____) _____

(If applicable):

Address _____

City _____ State _____ Zip _____ Country _____

Home Phone# (_____) _____ Work Phone# (_____) _____

**Alternate Emergency Contact Person _____	Relationship _____
Address _____	
Phone # (_____) _____	or Phone # (_____) _____

1. Please indicate your hospitalization information for emergency use.

Carrier _____ Policy # _____
Group Policy # _____
Address of Carrier _____
Parent SS# _____

2. Name of family physician _____ Phone # (_____) _____

3. Name of family dentist _____ Phone # (_____) _____

Has there been any history of the following? Please explain any checked item on a separate piece of paper.	<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Headaches <input type="checkbox"/> Cramps	<input type="checkbox"/> Eating Disorders <input type="checkbox"/> Foot Problems <input type="checkbox"/> Epilepsy <input type="checkbox"/> Injuries of any kind <input type="checkbox"/> Heart Problems <input type="checkbox"/> Hepatitis <input type="checkbox"/> Mononucleosis <input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Phobias (claustrophobia, etc.) <input type="checkbox"/> Pneumonia <input type="checkbox"/> Back Problems <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Diabetes <input type="checkbox"/> Dizziness <input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Fainting <input type="checkbox"/> Recurrent Dental Problems <input type="checkbox"/> Lyme Disease <input type="checkbox"/> Mental Illness <input type="checkbox"/> Gastrointestinal Problems
--	--	--	--	---

6. Please list any medications, vitamins, etc. that you take on a regular basis. Will they be brought on the trip?

7. Please list all immunizations and dates on the back – include date of last Tetanus shot.

8. Are there any dietary considerations we should know about? Explain on back or a separate sheet if needed.

Parent/Guardian PERMISSION TO TREAT STATEMENT: Any sickness or injury arising during the trip can be examined and verified by a licensed physician of the mission leader's choosing. Permission is granted to the mission leaders in a medical emergency to hospitalize, treat, order injections, anesthesia or surgery for my child, _____. It is also agreed and understood that Calvary Baptist Church's mission leaders will make every reasonable attempt to immediately contact this team member's parents or guardians.

Date _____ Parent/Guardian Signature _____