

## New Heritage Ministry

5024 W. Livingston Rd

Pasco, WA 99301

(509)948-2305

### Short-Term Mission Application

<b>Name as it appears/will appear on your Passport:</b>						
Mr.	Mrs.	Miss				
		Last		First		Middle
<b>Present Address (street,city,state,zip)</b>						
<b>Marital Status:</b>	Single	Married	Divorced	Seperated	Widowed	
<b>Name of Spouse:</b>						
<b>Current Phone Numbers</b>		<b>Home:</b>		<b>Cell:</b>		
<b>Email:</b>						
<b>Preferred Method of Contact:</b>			Email	Text	Phone	Facebook Messenger
<b>Best Time to Reach You:</b>			Morning	Afternoon	Evening	
<b>Occupation:</b>						
<b>Name and address of person to be notified in case of an emergency:</b>						
<b>Name:</b>			<b>Phone:</b>			
<b>Address:</b>						
	Street		City	State	Zip	
<b>Relationship:</b>						
<b>Information Required for Uganda Visa Application</b>						
<b>Date of Birth:</b>			<b>Place of Birth:</b>			
<b>Passport Number:</b>			<b>Issued From:</b>			
<b>Issued Date:</b>			<b>Epiration Date:</b>			
<b>Previous Passport Number (if any):</b>						
<b>Last Five Countries Visited:</b>						
<b>Nationality:</b>			<b>Do you have dual Nationality:</b> Yes No			
<b>Have you ever been denied a Visa before?</b>				Yes	No	
<b>Have you ever been deported before?</b>				Yes	No	
<b>Have you ever been convicted in any country?</b>				Yes	No	
<b>Are there any criminal proceedings against you?</b>				Yes	No	
<b>Are you suffering from any infectious, contagious, or mental illness?</b>				Yes	No	

## Short-Term Mission Application

**Church Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Pastor's Name:** \_\_\_\_\_

**How long have you attended this church?** \_\_\_\_\_

**On the lines below please describe your relationship with God:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Yellow Fever Immunization:** \_\_\_\_\_

**Date of Typhoid Vaccine:** \_\_\_\_\_

**List any medical allergies you have:**

\_\_\_\_\_

\_\_\_\_\_

**List any medications you will be taking:**

\_\_\_\_\_

\_\_\_\_\_

**List any medical conditions you have**

\_\_\_\_\_

\_\_\_\_\_

	<b>Initial &amp; Date</b>	<b>Malaria Medication Acknowledgement</b>
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It has been explained to me and I understand the importance of taking anti-malaria medication as directed by a licensed medical provider. I understand that if I choose not to take the anti-malaria medication, as prescribed to me by a licensed medical provider, I am at risk for contracting malaria while participating in this mission trip and take full responsibility for the outcome of this action.

	<b>Initial &amp; Date</b>	<b>Medical &amp; Emergency Release</b>
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I release New Heritage Ministry, or all/any sponsoring organizations from all actions, damages, losses, or personal injuries which may occur. I understand that I am traveling at my own risk. I understand that in the event of a minor injury I may choose to receive first aid treatment. If my personal judgement is hindered due to an emergency, injury, or illness I authorize the mission trip leaders to take whatever action is necessary for my personal safety and health.

	<b>Initial &amp; Date</b>	<b>Audio/Video/Photo Consent</b>
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I give my consent that photographs, interviews, and audio/video recordings during the course of the mission trip may be used by New Heritage Ministry for training, promotion, and fundraising.

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(if applicant is under the age of 18 at the time of travel, signature of parent or guardian is required)

<b>Print Full Name:</b>							