



Application for Short-Term Mission Trip

All information is confidential and used only as necessary. All information is required.

Personal Information

Name (as it appears on your passport): _____

Address: _____

City: _____ ST: _____ Zip: _____

Telephone: (home) _____ (work) _____ (cell) _____

Email: _____

Your Occupation: _____

Industry You Work In: _____

Passport Number: _____ Passport Expiration Date: _____

Birthdate: _____ Team Shirt Size: ___ S ___ M ___ L ___ XL ___ XXL

Person to Notify in Case of Emergency

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Telephone: (home) _____ (work) _____ (cell) _____

Email: _____

Medical Information

Health Insurance Company: _____ Policy No.: _____

Name of Insured: _____

Insurance Company Phone: _____

Primary Care Physician: _____ Phone: _____

Existing Medical Conditions: _____

Medications you take: _____

Known allergies: _____

Physical restrictions: _____

Last Tetanus Shot (must be within the last ten years): _____

Blood Type: _____

Immunizations Suggested

- Hepatitis A: a two-shot series with the second shot due 6-12 months after first.
- Tetanus: good for 10 years
- Typhoid: good for 2 years

Have you been on a mission trip before? Yes / No

If yes, note location and type of trip: _____

Church you attend: _____

List any construction, medical or dental skills/experience you have: _____

Employer _____

Job Title _____

How did you hear about The Shalom Foundation and our missions work?

Payment Agreement

Estimated Total Cost of Trip: \$1,400-\$1,500

Due Date for Total Trip Cost:

You agree to fulfill your obligation to pay the total cost (minus any scholarship) before departure unless prior arrangements have been made. In event you are unable to make the journey, you still assume the responsibility to pay the amount due in full related to any nonrefundable charges that were incurred on your behalf.

I will comply with the above payment agreement. **(Required)**

(Initial here)

A deposit of \$400 (non-refundable) is due to hold your place on the team. Please mail this completed application along with your check (made payable to The Shalom Foundation) to:

**The Shalom Foundation
P.O. Box 1354
Franklin, TN 37065**