

*Adopt Uganda*

Ministry of FOCUS Ministries Georgetown, Inc.

**Mission Team Member Application**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_ phone \_\_\_\_\_

Passport no. \_\_\_\_\_ Expiration date \_\_\_\_\_

Where passport issued \_\_\_\_\_

Date of birth \_\_\_\_\_ Mission team dates \_\_\_\_\_

Mission location/project \_\_\_\_\_

**Missioner release**

I agree to share my faith in an appropriate Christian manner. I understand that I am part of a team and I agree to cooperate with the team leader concerning all phases of this trip. I agree to abstain from the use of tobacco or alcohol while on this mission. Knowing that all travel and living conditions are problematic, I hereby release all sending organizations and individuals from all claims, actions or judgments due to personal injury to self or property arising from this mission service. I intend to be legally bound by this statement.

**Medical Release**

Allergies and medications \_\_\_\_\_

\_\_\_\_\_

Blood type \_\_\_\_\_

I (name) \_\_\_\_\_, authorize \_\_\_\_\_ as team leader, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the duration of the trip identified above, if I am unable to do so for myself.

Signed \_\_\_\_\_ Date \_\_\_\_\_