



Brewster Road Community Church
Volunteer Mission Application Form

4
Passport
Photos
Needed
For Visa

The **2024 Liberian Mission Trip**; Date **January 11-20, 2024**

Total Cost **\$ 3,060.00**

Non-refundable deposit of **\$200.00** is due 10 days after application is received.

Please complete and return within ten days!

Last Name _____ First Name _____ Middle Initial _____

Maiden Name (if applicable) _____ SS# _____

Date of Birth _____ / _____ / _____

Mailing Address (where do you want your correspondence sent)

Phone #s: Home _____ Work _____

Fax # _____ Pager # _____

Email Address _____

Marital Status _____ Your Occupation _____

If married, name of spouse _____

Your Passport # _____ Place Issued _____

Date of Passport Expiration _____ / _____ / _____

If you do not have a passport, you MUST apply for one as soon as possible in order to possess a valid passport in time for the trip and trip preparation. Do not hesitate to take action NOW to get one. Supply us with this information as soon as you acquire it. Everyone MUST submit a photo-quality copy of his or her passport. Visa may be necessary for some countries.

Your area(s) of interest as it pertains to this trip: _____
Musical Support, Bible Study Leader, Prayer & Devotion Leader, Group Leader,
Medical, Construction, Children, Education, Counseling, Logistics and etc.

Your Home Church _____ Pastor _____

Church Address _____

Phone # _____ Email _____

Church Recommendation: The _____ (name of church) Wholeheartedly recommends the applicant to the Global Mission Team of **Brewster Road Community Church**, as sound in his/her faith and spiritually equipped to serve on this volunteer project, for the KING.

Signature of Pastor _____ Date _____/_____/____

MISSION TEAM VOLUNTEERS WEAR A SPECIAL MISSION T-SHIRT WHILE TRAVELING. WHAT SIZE WILL YOU REQUIRE?

(Please circle) M L X-L XX-L

Please list your interests and area of giftedness: _____

HEALTH HISTORY

Name of Personal Physician _____ Phone _____

Your Blood Type _____ Can you donate blood? _____

Please list any current problem: _____

Have you ever had, or have you now, any of the following? If yes, please explain on a separate sheet of paper: (check those which apply)

- Frequent and / or severe headaches _____
- Dizziness or fainting _____
- Convulsions _____
- Nervous Breakdown _____
- Mental Problems _____
- Asthma _____
- Allergies _____
- Epilepsy _____
- Hearing Difficulties _____
- Heart Problems _____
- High/Low Blood Pressure _____
- Breathing Problems _____
- Digestion Problems _____
- Back or neck Problems _____
- Others? _____

Do you have any allergies? If so, please list: _____

Please list any current medications _____

Have you had the following vaccinations?

When?

- **Covid-19** _____
- Yellow Fever _____
- Full Hepatitis B Immunization series _____
- Tetanus booster in the 5-10 years _____
- Hepatitis A vaccine _____
- Full Polio vaccination series _____
- Measles, Mumps, Rubella, & Chicken Pox vaccines _____

HEALTH INSURANCE

Name of Insurance Company _____

Address _____

Phone # _____ Policy # _____

This policy is issued in the name of _____

If Group Policy, Please List Employer _____

Employer Phone # _____

Please be sure to attach a legible copy of your health insurance card (from and back) and verify the information submitted above.

EMERGENCY NUMBERS

Name _____ Relationship to you _____

Address _____

Phone#: Day _____ Night _____

Name _____ Relationship to you _____

Address _____

Phone#: Day _____ Night _____

