

# MISSION TEAM APPLICATION FORM



United Christians International (UCI) - Haiti  
Box 862, Cherokee, Iowa 51012 and Haiti

Submit completed form to \_\_\_\_\_ with a photocopy of your passport and a \$100 non-refundable registration fee. You can make the registration fee check out to \_\_\_\_\_ -Memo Line = Haiti Mission Trip.

Today's Date: \_\_\_\_\_ Date of your team's mission: [DEPART] \_\_\_\_\_ [RETURN] \_\_\_\_\_

Name as appears on passport: \_\_\_\_\_ Nickname? \_\_\_\_\_  
(First/Middle/Last)

Male  Female  Age: \_\_\_\_\_ Personal Weight: \_\_\_\_\_ (pounds)  
(\*\*Must know for MFI flight)

Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Citizen Of: \_\_\_\_\_  
(Month/Day/Year) (Country) (Country)

Occupation: \_\_\_\_\_ Passport Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
(Available forms of ID (Check if you have) Driver's license or permit, Birth Certificate)

Address: \_\_\_\_\_  
(Street) (City) (State'Province) (Zip Postal Code) (Country)

Telephone: [HOME]: \_\_\_\_\_ [WORK/CELL (Optional)]: \_\_\_\_\_  
(Area Code + Number)

Email: \_\_\_\_\_ Additional Email: \_\_\_\_\_

## List a character reference whom we may contact, a pastor or leader:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State'Province) (Zip Postal Code) (Country)

Telephone: [HOME]: \_\_\_\_\_ Email: \_\_\_\_\_  
(Area Code + Number)

## Home Church

Church Name: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State'Province) (Zip Postal Code) (Country)

Telephone: [HOME]: \_\_\_\_\_ [WORK/CELL (Optional)]: \_\_\_\_\_  
(Area Code + Number)

Email: \_\_\_\_\_ Additional Email: \_\_\_\_\_

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## In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Telephone: [HOME]: \_\_\_\_\_ Work/Cell: \_\_\_\_\_  
(Area Code + Number)

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## If applicable, who will be your parent-approved supervisor?

(If 17 years or younger, must be accompanied by a parent-approved adult supervisor 21 or older)

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Telephone: [HOME]: \_\_\_\_\_ Work/Cell: \_\_\_\_\_  
(Area Code + Number)

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## Describe your relationship with Jesus in your own words:

## List any talents/skills that the Lord may use on this mission.

(Art/crafts/music/drama/electric/plumbing/carpenter/construction/mechanic/pastor/teacher/special categories  
[example: love children, enjoy gardening], etc.).

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## **List any medical, first aid, or CPR training**

(Licensed medical personnel expecting to practice medicine please attach photocopies of credentials)

## **Describe your mission field experience, or travel in foreign countries.**

(List countries, experience, and any foreign language abilities.)

## **Please describe your health, including any physical or dietary limitations**

(Include any that apply: diabetes, asthma, physical disability, heart trouble, epilepsy, high or low blood pressure, fainting, pregnancy, allergies of any kind [food, medicine, environmental, insect bites/stings], etc.)

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**Are you currently under a doctor's care or medication? (If yes, please explain)**

**Primary Care Physician:**

Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work/Cell (optional): \_\_\_\_\_  
(Area Code + Number)

Date of last Tetanus Shot: \_\_\_\_\_ Blood Type (If Known): \_\_\_\_\_

(To find out your blood type: donate blood, check with your doctor,  
or buy a home kit [[www.testsymptomsathome.com](http://www.testsymptomsathome.com) or 888.595.3136].)

**I am able to walk several miles or "rough it" on this mission.** Yes  No

**I agree to abide by the UCI policy to abstain from alcohol, tobacco, and illegal drugs during this entire mission.** Yes  No

**Tell us anything else we should know about you:**

**Insurance Provider:**

Provider: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State/Province) (Zip Postal Code) (Country)

Telephone: [HOME]: \_\_\_\_\_  
(Area Code + Number)

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_