



Hope of the Pokomchi

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Work phone (502) 5918-9813

Application for Volunteers/Mission Team Members

Mission Trip

Church/Team Name: Dates:

Team leader Name: Email Leader:

Personal Information

Passport Name	<input type="text"/>	Date of Birth	<input type="text"/>
Passport Expiration Date	<input type="text"/>	Age/Gender	<input type="text"/>
Passport No.	<input type="text"/>	Occupation	<input type="text"/>
Street Address	<input type="text"/>	Home Phone	<input type="text"/>
City	<input type="text"/>	Cell phone	<input type="text"/>
State/province, Zip Code	<input type="text"/>		
Email	<input type="text"/>		

Emergency Contact Information

Name	<input type="text"/>	Relationship	<input type="text"/>
Phone	<input type="text"/>	Alternate phone	<input type="text"/>
Church Name	<input type="text"/>		
Pastor Name (optional)	<input type="text"/>		

Health/Fitness Information (this is for validation only -each individual is responsible for their own health. However, the staff of Hope Of The Pokomchi reserves the right to express concerns about the individual's suitability for the mission trip and the right to disqualify an individual from the team if they deem his/her health or fitness status will place the individual and/or the team in jeopardy.)

Insurance Yes No Insurance Co.

Group/Policy Nos.	<input type="text"/>			
Phone No. (out of country contact)	<input type="text"/>			
Does your insurance cover out of country?	<input type="text"/>			
Does it cover medical evacuations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
By air?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
By road?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Out of country insurance restrictions, if any	<input type="text"/>			

Immunizations

Are your immunizations complete? (Tetanus, Hepatitis A, others) Yes No

If not, when will they be complete?

Allergies

Do you have any allergies? Yes No

Please list allergies

Please list medications for allergies

Medical Condition

- 1. Heart Disease yes No
- 2. Hypertension yes No
- 3. Diabetes yes No
- 4. Hypoglycemia yes No
- 5. Asthma yes No

Insulin Dependent Yes No

When climbing for 15 minutes how many times do you use your inhaler?

Pregnant Yes No Due Date?

Please List any other significant medical conditions

Please List any medications used to control these conditions

Dietary Restrictions

Do you have any dietary restrictions? Yes No

Please List

Physical Fitness

When you climb a long flight of stairs...

How many times do you have to stop to catch your breath?

How many minutes do you have to rest before continuing?

When you climb a steep hill for 15 minutes...

How many times do you have to stop to catch your breath?

How many minutes do you have to rest before continuing?

Skills and Experience

	Yes	No	Comments
Computer	<input type="checkbox"/>	<input type="checkbox"/>	
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	
Computer	<input type="checkbox"/>	<input type="checkbox"/>	
Hiking	<input type="checkbox"/>	<input type="checkbox"/>	
Camping	<input type="checkbox"/>	<input type="checkbox"/>	

Goals (State briefly your reasons for going and what you expect to contribute and gain on this mission trip.)

Willing and Able

Are you willing to live and work under conditions that may be uncomfortable and require flexibility and understanding? Yes No

Are you prepared to travel distances, which would cause a lapse in contact with family/business for 2-4 days? Yes No

Are you willing to raise all the necessary funds for your travel and living expenses for this mission trip? Yes No

Are you physically able to hike for several hours and carry loads? (Pambón Grande Teams Only) Yes No

Have you participated in **previous mission/humanitarian trip(s)**? If yes, please list the country(s) and length of stay. Yes No

Reference (Please provide one personal reference who would attest to the information requested above)

Name phone

If Medical or Dental Personnel

Do you have a current Professional License? yes No

If yes, what type?

If yes, do you want to work in your field of experience? yes No

Signature

Signature: _____ Date: _____

Please attach a copy of your face page of your passport.