### Uganda Mission Trip Information

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| team member Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | | | | | | First | |  | | | | | | | | | | | M.I. | | | Date | |  | |
| Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | State | |  | | | | | | | | | | | ZIP |  | | | | | |
| Phone |  | | | | | | | | | | | | | E-mail Address | | | | |  | | | | | | | | | | | | | | |
| Date of Birth | | |  | | | | | | | | | | Age on First Day of Trip | | | | | | | | | | | | | | | | | |  | | |
| T-Shirt Size (Women’s or Men’s): | | | | | | | | | |  | |
| United Mileage Plus Number: | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | | | | | |  |
| passport information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name as it Appears on Your Passport | | | | | | | |
| Place of Issue | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Passport Number | | | | |  | | | | | | | | | | Expiration Date | | | | | | | | |  | | | | | | | | | |
| Emergency Information (Also person to contact upon arrival in uganda) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact | | | | | | | | |  | | | | | | | | | Relationship | | | | | | |  | | | | | | | | |
| Phone | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |
| Health Insurance | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| ID # | | | | | | | | |  | | | | | | | | | Coverage Outside U.S.? | | | | | | | | | | |  | | | | |
| Beneficiary: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| health information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physician’s Name | | | | | | |  | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | |
| Known Allergies | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Medications you are currently taking | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Health Concerns | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare the information set forth above to be true and accurate: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Signature: | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Mission team information | | | |
| What made you want to be a part of this team? | |  | |
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| What do you hope to accomplish during this trip? | |  | |
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| What concerns do you have about this trip? | |  | |
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| What do you consider some of your strengths; your gifts and talents? | | |  |
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|  |  | | |
|  |  | | |
| What do you consider some of your weaknesses? | |  | |
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