

# Show Mercy International

## Short Term Missions Application

Dates of the trip to Uganda that you are applying for \_\_\_\_\_

### **Personal Information:**

Full Name (as it appears on your passport)

\_\_\_\_\_

Nickname/Other Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse Name \_\_\_\_\_

Gender:        Male    Female

T-shirt size in Men's sizes:    S    M    L    XL    XXL    XXXL

Passport # \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_

### **Medical Background:**

In case of emergency contact: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

How would you describe your health?    Excellent        Good        Fair        Poor

List any allergies: \_\_\_\_\_

List any physical limitations: \_\_\_\_\_

List any medications you are currently using: \_\_\_\_\_

### **Church Affiliation**

Name of Home Church \_\_\_\_\_

Denomination / Affiliation \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Senior Pastor \_\_\_\_\_ May we contact them? \_\_\_\_\_

Are you a member of this church?      Yes      No

How long have you been a Christian? \_\_\_\_\_

What ministry responsibilities do you currently have in your church and/or community if any?

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### **General Questions**

Why do you want to be a part of a short term mission with Show Mercy International?

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What do you feel that you can contribute to the team?

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Are you willing to serve where needed while on this trip, follow the leading and direction of the designated Show Mercy International team leaders, and submit to the decisions and direction that they feel necessary while in Uganda?

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Do you have any special skills that might be of use during this trip to Uganda? (Exp. construction, teaching, children's ministry, artistic, medical/nursing, drama, etc.) Please explain.

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I have answered these questions honestly and to the best of my ability. I understand that my \$500 per person application fee is due with this written application and that it is nonrefundable. I understand that Show Mercy International will review this application and may schedule a phone interview for follow up questions. I understand that if I am not accepted as a team member on this trip that Show Mercy International will refund my \$500 deposit.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*Please complete this application and sign the liability release form and return to Show Mercy International along with your \$300 application fee: Show Mercy International, PO Box 607, Albany, Oregon 97321*

**LIABILITY RELEASE FORM FOR MINISTRY/MISSIONS OUTREACH**

**WARNING: THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS**

In consideration of my being accepted by Show Mercy International for participation on a "Mercy Mission" trip, to Uganda, Africa dated \_\_\_\_\_

I make the representations and undertakings set out below: Please initial next to each paragraph and sign at the bottom of the release form.

- I am 18 years of age or older (under 18 must have parental/guardians signed permission.) \_\_\_\_\_
- I am in good health and have received all vaccinations *required* for this trip and have been notified by my county or state health department all *recommended* vaccinations for travel in the countries or areas to be visited on this trip. \_\_\_\_\_
- I know that international travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot; travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and other possibilities are risks in mission travel. \_\_\_\_\_
- I agree that Show Mercy International has advised me to purchase trip-specific, limited-term medical insurance (secondary to my own personal, private medical insurance) to cover possible medical needs including evacuation that might occur during this trip. I understand that Show Mercy International does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury on this trip are my own responsibility. \_\_\_\_\_
- I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in the mission trip or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive. \_\_\_\_\_

\_\_\_\_\_  
Signature of Team Member

\_\_\_\_\_  
Printed Name of Team Member

\_\_\_\_\_  
Date

Parental/Guardian Permission if Applicable for Team Members under the age of 18.

I give my permission as a parent or guardian of the listed team member to travel with Show Mercy International on the trip stated above. I have read this release form in its entirety and agree to all of its conditions on behalf of this minor.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date