



Healing Love Forgiveness Intl Min. Personal Information

Tape or glue
your *passport*
style photo
here
(no staples,
please)

Full Name _____

Badge Name _____ Date of Birth _____
(FIRST NAME ONLY or NICKNAME for Trip Name Tag)

Street Address _____

City, State, Zip, Country _____

If mailing address is different, please provide here _____

Telephone Numbers () _____ () _____
(Area code) Mobile# (area code) # Email address _____

Occupation? _____ Retired? ☐ Yes ☐ No

Church info: _____
(If applicable) Church Name City/State Phone # with area code

Pastor's Name _____ Church responsibilities and/or volunteer duties (if any) _____

Have you traveled with us on an international group trip? ☐ Yes ☐ No

How did you hear about this trip? Previous Trip ☐ Literature ☐ social media ☐

Other _____

Travel Insurance: Trip Insurance is required.

Voluntary Group Participation:

What talents do you have that, if called upon, you would be willing to share with the group?

Leading Worship (Singing) ☐ with Accompaniment? ☐ with Instrument? (Type) _____

Other gifts or talent to share _____

Medical Information:

It is important for us to be aware of any information that could help in case of an emergency. Are you affected by any of the following? (Check all that apply, and elaborate if needed)

Have you received a Covid Vaccine and are up to date? ☐ Yes ☐ No

- | | | | |
|--|--|--|--|
| ☐ High Blood Pressure | ☐ Anxiety/Panic attacks | ☐ Diabetes | ☐ Allergies |
| ☐ Heart Ailments (please explain) | ☐ Sinus Trouble | ☐ Nervous Disorders | ☐ Hip or Joint Replacement |
| ☐ Asthma or Hay Fever | ☐ Liver or Kidney disease | ☐ Rheumatism or Arthritis | ☐ Limited mobility (please explain) |

☐ Eye or ear issues (*please explain*) ☐ Bone Disease ☐ Head Injuries ☐ Stomach problems (*please explain*)

☐ Other health issues or further explanation of any above issues: _____

If you checked any of the above, please indicate how this issue may affect you during this trip and what, if any, medications you will be using to control any health issues: _____

Are there any other concerns or issues, medically or otherwise, we may need to know about you? If yes, please explain: _____

☐ Yes ☐ No To the best of your knowledge, are you medically able to travel on this trip?

☐ Yes ☐ No Typically, our trips include a lot of walking around various tourist sites, and sometimes up and down steps. Are you able to walk and climb stairs, if necessary?

☐ Yes ☐ No If you are limited in your mobility, will you be willing to skip some of the more strenuous tours, if necessary, on this trip?

☐ Yes ☐ No Are you wheelchair-dependent?

☐ Yes ☐ No Will you need the use of a wheelchair at the airports only?

Physician's Name (if applicable): _____

City/State/Phone: _____

Emergency Contact Info - Please Print Legibly:

Primary Emergency contact:

Secondary Emergency contact (if applicable):

Name

Name

Relationship

City, State

Relationship

City, State

Best Phone number to use (with area code)

Best Phone number to use (with area code)

☐ Day ☐ Evening ☐ Mobile ☐ Work ☐ Anytime

☐ Day ☐ Evening ☐ Mobile ☐ Work ☐ Anytime