

# Hungary Missions

2413 Wells Ln  
McKinney, TX 75072

972.562.3078  
469.450.5331

## Participant Information

Next Project: \_\_\_\_\_ Date of Project: \_\_\_\_\_

General Information:  Mr.  Mrs.  Ms.

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone (or Work) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female

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

I wish to depart from \_\_\_\_\_ in \_\_\_\_\_  
(Airport Name) (City, State)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
(if retired, indicate your previous occupation) (if retired, indicate 'Retired'; students indicate 'Student')

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

### Passport and Frequent Flyer Information: (if passport not yet received, leave blank)

Full name as on passport: \_\_\_\_\_

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Airline (Ex: "AA")	Frequent flyer number	Airline (Ex: "AA")	Frequent flyer number

### Emergency Contact: (Do not list someone who will be traveling with you)

Name and Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

### Home Church Information: Church name \_\_\_\_\_

Address \_\_\_\_\_

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

Church Phone \_\_\_\_\_ Pastor's Name \_\_\_\_\_

### Church involvement: Please mark the boxes that describe your involvement

Staff  Pastor  D.O.M.  Evangelist

Minister of:  Worship  Missions  Youth  Other \_\_\_\_\_

Teacher:  Adult  Youth  Children  Preschool  Other \_\_\_\_\_

Other:  Lay Preacher  Deacon  Committee Member

**Language Ability:** Do you speak the language of the host country?  Yes  No

If yes, please indicate your level of language proficiency below

- I would be comfortable:
- Preaching in the host country language
  - Interpreting preaching
  - Interpreting evangelistic visits
  - Casual conversation

Other languages you speak:

\_\_\_\_\_

\_\_\_\_\_

**Music Ability:**  Soloist  Duet  Ensemble  Choir

List instruments that you play \_\_\_\_\_

**Previous Mission Experience:** Please provide your most recent experience(s):

Location	Dates	Type of service (evangelism, construction, disaster, medical, etc.)

**General Condition of Health:**  Excellent  Good  Fair  Poor

List any medical conditions that your hosts need to be aware of or require special care; chronic diseases, drug or other allergies, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Covenant:** I understand and agree that Hungary Missions and any of its employees, officers, staff, coordinators, board, or other representatives assume no responsibility for the loss of property, damage to the same, personal harm, illness, or loss of life, that may occur during the execution of this volunteer mission project; and I, for myself, my heirs, executor, administrators, distributes, and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve said Hungary Missions and its employees, officers, staff, coordinators, board, and other representatives, and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis of the foregoing.

I understand that I will be under the leadership of Hungary Missions and my project coordinator, agree to Conduct myself in a Christ-like manner at all times and commit to following the social, cultural and religious customs of the host churches. I agree to abstain from any behavior that would hinder my Christian ministry. I understand that the breach of this agreement will be cause for dismissal from the project and return home at my own expense.

I understand that foreign travel involves health and safety risks. I understand that it is my sole responsibility to gather whatever information I need in order to assess the risk involved in any travel, stay or other activity related to a Hungary Missions project.

I acknowledge this Applicant Release will remain in effect for any and all projects in which I may participate.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Entering your name above and emailing form, constitutes your signature