

Hungary Missions

2413 Wells Ln
McKinney, TX 75070

469.277.9795

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		Other languages you speak: _____ _____
I would be comfortable:	<input type="checkbox"/> Preaching in the host country language <input type="checkbox"/> Interpreting preaching <input type="checkbox"/> Interpreting evangelistic visits <input type="checkbox"/> Casual conversation	

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