

HONDURAS OUTREACH MISSIONER PROFILE

NAME _____ D.O.B. _____ GENDER _____
FULL NAME AS ON ASSPORT _____
PASSPORT NUMBER & Expiration Date _____
ADDRESS _____ Dates of Previous Trips _____
CITY _____ STATE _____ ZIP _____
TELEPHONE (HOME) _____ (CELL) _____ (WORK) _____
EMAIL _____ CHURCH AFFILIATION _____
DO YOU SPEAK SPANISH? _____ OCCUPATION _____
PERSON (NOT TRAVELING WITH YOU) TO NOTIFY IN CASE OF
EMERGENCY _____
RELATIONSHIP TO PARTICIPANT _____ TELEPHONE (HOME) _____
(WORK) _____ (CELL) _____
PERSON (NOT TRAVELING WITH YOU) TO NOTIFY IN CASE OF
EMERGENCY _____
RELATIONSHIP TO PARTICIPANT _____ TELEPHONE (HOME) _____
(WORK) _____ (CELL) _____
LIST SKILLS, HOBBIES, TALENTS YOU HAVE _____

I am committed to serve God, the people of Honduras, and my group with love, patience, skill, and understanding. I will participate with an open heart and mind endeavoring to become a better person and a more faithful servant. I will live by the expectations of the Honduras Outreach staff and attempt to make this experience my best.

Signature _____ **Date** _____

MEDICAL INFORMATION

PERSONAL PHYSICIAN _____ TELEPHONE _____
ALLERGIES _____
CURRENT MEDICATIONS _____
KNOWN MEDICAL PROBLEMS _____

MEDICAL CONSENT FORM: In the event that I become ill or sustain an injury while on an authorized trip with Honduras Outreach, Inc., I, the undersigned, give my permission to those in charge to take whatever steps necessary to administer needed first aid or medical treatment. I give my permission to the attending used by those in charge to hospitalize, secure proper treatment, order injections, medications, or emergency surgery in the case of emergency.

Date _____ **Signature** _____
Date _____ **Witness** _____