

HONDURAS OUTREACH MISSIONER PROFILE – 2010

NAME _____ D.O.B. _____ GENDER _____

FULL NAME AS ON PASSPORT _____

PASSPORT NUMBER _____ EXPIRATION DATE _____

ADDRESS _____ Dates of Previous
HOI Trips _____

CITY _____ STATE _____ ZIP _____

PHONE (Home) _____ (Cell) _____ (Work) _____

E-MAIL _____ CHURCH AFFILIATION _____

DO YOU SPEAK SPANISH? _____ OCCUPATION _____

1. PERSON (NOT TRAVELING WITH YOU) TO NOTIFY IN CASE OF EMERGENCY

RELATIONSHIP TO PARTICIPANT _____ PHONE (Home) _____

(Cell) _____ (Work) _____

2. PERSON (NOT TRAVELING WITH YOU) TO NOTIFY IN CASE OF EMERGENCY

RELATIONSHIP TO PARTICIPANT _____ PHONE (Home) _____

(Cell) _____ (Work) _____

VOCATIONAL/AVOCATIONAL SKILLS YOU CAN SHARE with HOI

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 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 _____ PHONE _____

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.

Signature _____ Date _____

Witness _____ Date _____