



406.862.WORD (9673)
406.730.1546 fax
missions@pottersfield.org
www.pottersfield.org

Instructions for Application

You will need to complete and provide the following:

- Signed and dated application
- Copy of valid passport

***Note: International medical coverage is required for each traveler for this trip; please provide a copy of your insurance card. If you are not already covered, one week of travel insurance will be provided as a part of the trip costs.**

Please Send Your Application To:

Email: missions@pottersfield.org
Mail: 914 2nd Street E, Whitefish, MT 59937
Fax: 406-730-1546

Trip Name:

***2019 Flathead Valley Medical Mission Trip to Guatemala
January 5-12, 2019***

Applicant Information

Last Name _____ First _____
Permanent Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Cell Phone (____) _____ Date of Birth _____ Age ____
Email _____ Would you like to receive the Potter's Field E-Newsletter? Yes ___ No ___
Gender _____ T-Shirt Size _____ Marital Status _____ # of Children _____
Passport # _____ Date of Exp: _____ Occupation / Trade _____

Other family members traveling with you: _____

Church Information

Name of Home Church _____ Pastor _____
Church Address _____ City _____ State _____ Zip _____
Church Phone (____) _____ Website _____ Email _____

Emergency Contacts

Contact's Name _____ Email _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
Contact's Name _____ Email _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Personal Evaluation

1. Are you willing to submit to the authority of the pastors and leaders facilitating your trip? _____
2. Describe your current relationship with Jesus: _____

3. Have you ever been accused of or convicted of a sexual crime involving a minor? _____

Please indicate below the skills, training, experience and/or spiritual gifts you have in the following areas:

Ministry	Health Care	Construction	Business	Other
<input type="checkbox"/> Teaching	<input type="checkbox"/> Physician	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Accounting	<input type="checkbox"/> Health & Fitness
<input type="checkbox"/> Evangelism	<input type="checkbox"/> Dentist	<input type="checkbox"/> Electrical	<input type="checkbox"/> Marketing	<input type="checkbox"/> Sports
<input type="checkbox"/> Music	<input type="checkbox"/> Nurse	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Counseling
<input type="checkbox"/> Drama/Mime	<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Masonry	<input type="checkbox"/> Management	<input type="checkbox"/> Photography
<input type="checkbox"/> Youth Ministry	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Architect	<input type="checkbox"/> Computer	<input type="checkbox"/> Languages (list)
<input type="checkbox"/> VBS	<input type="checkbox"/> Midwife/Doula	<input type="checkbox"/> General Handiwork	<input type="checkbox"/> Agriculture	_____

Health Information

1. Do you currently or have you previously had:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Low/High Blood Pressure | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> HIV or AIDS | <input type="checkbox"/> Obesity | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Received or waiting for transplant | |

Comments: _____

2. Do you have a condition that may alter your mood or affect your ability minister on this trip? (i.e. phobias, depression, anxiety, sleeping disorders)? _____

3. Do you have any chronic illnesses or allergies? _____
4. Are you presently under medication prescribed by a doctor? _____
5. Have you ever had any psychiatric care or treatment? _____
6. How would you describe your overall health and fitness? Excellent Good Average Out of Shape
7. Do you currently have insurance coverage for international medical expenses? Yes ___ No ___

Conduct Agreement and Release of Liability

Potter's Field Ministries requires strict compliance with rules and regulations, including the rules concerning conduct, dress, and Christian lifestyle. These are explained in the guide to short term missions, which will be provided to accepted team members. Failure by team members, leaders, and staff to comply with these policies is grounds for dismissal, without refund or reimbursement. Team members, leaders, and staff serve at their own risk, and Potter's Field Ministries is not liable in the event of sickness, injury, accident, death, or terrorists acts. Potter's Field Ministries is also not liable for transportation and any other expenses beyond normal involvement. Potter's Field Ministries requires all participants to be in good physical condition, and may require a doctor's reference and exam. **Potter's Field Ministries requires that each team member have international medical insurance coverage for the duration of the trip.**

I have read and understand the above information. I agree to all policies outlined above. I agree that I travel and participate at my own risk and Potter's Field Ministries is not liable, financially or otherwise, for any injury or illness or harm that may occur during my travel with Potter's Field Ministries. The information I have given in this application is accurate and true to the best of my knowledge. My signature below confirms that I am willing to submit to the authority and my approval of all limitations listed above.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Signature of Parent (if Applicant is a Minor): _____

Printed Name of Parent: _____