

2007 SAMOAN MISSIONS INFORMATION

NAME: _____ PHONE: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

YOUR PROFESSION: _____

EMERGENCY CONTACT WHILE ON TRIP:

NAME: _____ RELATIONSHIP TO YOU: _____

PHONE (home): _____ PHONE(cell): _____ PHONE(wk): _____

ADDRESS: _____

ALL MEDICAL CONDITIONS THAT YOU ARE UNDER DOCTORS CARE FOR:

MEDICATIONS CURRENTLY TAKING:

ALLERGIES: _____

DO YOU AGREE TO TREATMENT BY MEDICAL STAFF IF AN EMERGENCY ARISES?

DATE OF LAST TETANUS SHOT: _____

IF YOU ARE AN MD, PA, NP, RN, LPN, OR OTHER TYPE OF LICENSE MEDICAL PERSONNEL,

MUST ENCLOSE A COPY OF YOUR CURRENT LICENSE.

IF YOU HAVE RECEIVED ANY MEDICAL TRAINING THAT COULD BE USED,

MUST SEND COPY OF CERTIFICATE RECEIVED.

CURRENT PASSPORT NUMBER _____,

WE MUST HAVE A COPY OF YOUR PASSPORT

PLEASE NOTE THAT THIS INFORMATION WILL BE KEPT CONFIDENTIAL UNLESS IT IS NEEDED FOR MEDICAL ISSUES THAT ARISE ON THE TRIP.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT Pastor Pele : (803) 269-6708

E-MAIL: missionofhopeusa@aol.com

Mail this form back to: Pastor Vaifanua Pele, PO Box 280484, Columbia, SC 29228

Thanks!

Personal Reference

Please give two personal references to any two people who know you well enough to answer these questions.

Ask them to fill out this form and return to:

*Mission of Hope Ministries, Samoa Medical Mission
Attn: Pastor Vaifanua Pele
PO Box 280484, Columbia, SC 29228*

_____ has expressed an interest in being a part of the Mission Team for Samoa Medical/Evangelism Mission 2007. We would like your input as their family/friend. Would you please fill out this form and return to the address listed above? Thank you for your time.

How long have you known him/her? _____

In what church ministries or activities has this applicant been involved?

Please list their area of strength or giftedness.

Please list any concerns or areas where growth is needed.

Please give your overall reaction to their desire to minister cross-culturally.

Additional comments: *(If you need more space, please write on the back)*

Your name: _____ telephone _____

Address: _____

Relationship to applicant: _____

Signature _____ Date: _____

Pastor Reference

Please fill out this form and return to:

*Mission of Hope Ministries, Samoa Medical Mission
Attn: Pastor Vaifanua Pele
PO Box 280484, Columbia, SC 29228*

_____ has expressed an interest in being a part of Samoa Medical/Evangelism Mission Team 2007. We believe the Great Commission was given to the church. We believe your church would be ministering through him/her in Samoa. As an indication of your decision concerning his/her intended ministry and your desire to minister through him/her in this way, would you please complete this form and return to the address listed above? Thank you for your time.

How long has he/she been a part of your church? _____

In what church ministries or activities has this applicant been involved?

Please list their area of strength or giftedness.

Please list any concerns or areas where growth is needed.

Please give your overall reaction to their desire to minister cross-culturally.

Additional comments: *(If you need more space, please write on the back)*

Your name: _____ telephone _____

Church name / Address: _____

Signature _____ Date: _____