

## 2011 SAMOA MISSIONS INFORMATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YOUR PROFESSION: \_\_\_\_\_

EMERGENCY CONTACT WHILE ON TRIP:

NAME: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

PHONE (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

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](mailto: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 2011. 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 2011. 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: \_\_\_\_\_