



Leadership Conference

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PLEASE PRINT

Date of Application: ____ / ____ / 20 ____

Conference Date: ____ / ____ / 20 ____

Country: Mexico Egypt
 Other: _____

PERSONAL INFORMATION

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Spouse:
Preferred Name:	Date of Birth:	Citizenship:
Address:	Marital Status:	
City:	State:	Zip Code:
Home Telephone:	Work Telephone:	<input type="checkbox"/> Single
E-mail Address:	Cell Phone:	<input type="checkbox"/> Married
Nearest Airport:	Occupation:	<input type="checkbox"/> Widowed
		<input type="checkbox"/> Divorced

CHURCH INFORMATION

Church Name:	Pastor Name:	
Church Address:	Affiliation:	
City:	State:	Zip Code:
Church Telephone:	Church Fax:	Church E-mail Address:

CONFIDENTIAL INFORMATION

Have you ever had problems with government or police at home or abroad? Yes No

Are you currently receiving any ongoing counseling? Yes No

• If so through what ministry or with whom? _____

GENERAL INFORMATION

Do you have any special requests in reference to housing and hotel arrangements? Yes No

(Single rooms are subject to availability and an additional cost)

Please check your shirt size: Small Medium Large X - Large 2X - Large 3X - Large

PASSPORTS

Do you have a valid passport? Yes No Passport Number: _____

Name as on Passport: _____

Passport Issue Date: _____ Passport Expiration Date: _____

State of Birth: _____ Birthdate: _____ Nationality: _____

Passports are required for all travel.

Please include a non-refundable \$25 Application Fee with this form

The Statements I have made on this application are true to the best of my ability

Date

Signature



Medical & Liability Release Form

Operation Serve International

Please complete parts A, B, C and D of this form. Your signature is required on Part D to confirm your understanding and agreement with the statements made.

PART A — IN CASE OF EMERGENCY: PLEASE NOTIFY...

Name: _____	Relationship: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Primary Telephone: _____	Secondary Telephone: _____	Other: _____

PART B — MEDICAL INSURANCE

Do you have medical insurance that covers accident / injury in the country you are traveling to? Yes No

If **NO**, you are required to obtain medical insurance prior to your travel.

If **YES**, what is the name of your insurance company and your policy number?

_____ Insurance Company

_____ Policy Number

PART C — MEDICAL INFORMATION

Do you have any health conditions we need to be aware of? Yes No

List: _____

Do you have any allergies to food, medication, etc...? Yes No

List: _____

Are you currently taking any prescription medication? Yes No

List Medications: _____ Dosage/Frequency _____

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Do you have any physical limitations? Yes No

List: _____

PART D — CONSENT FOR MEDICAL TREATMENT – RELEASE OF LIABILITY – PROMOTIONAL RELEASE

I hereby agree to the performance of any medical treatment, including anesthetics, deemed necessary by the attending physician in the event that I am unable to make these decisions for myself.

I hereby release Operation Serve International and all persons affiliated with this ministry from any liability arising from any injury, damage, or loss which may be sustained by me during my course of involvement with a short term missions trip. I also release Operation Serve International from any liability for health impairment or bodily injury as a result of any pre-existing health condition. I will be responsible for monitoring and managing all aspects of any pre-existing condition.

I agree that any statements, photographs, videotaped material, and any other media item can be used for promotional material for Operation Serve. This includes, but is not limited to: newsletters, brochures, internet, and displays.

Applicant Signature: _____

Date: _____