

# **APPLICATION FOR MAASAI DEVELOPMENT PROJECT MISSION TRIP**

## **BIOGRAPHICAL INFORMATION – PLEASE PRINT CLEARLY**

\*LEGAL NAME AS IT APPEARS ON PASSPORT

\*SURNAME \_\_\_\_\_ \*FIRST NAME \_\_\_\_\_ \*MIDDLE NAME \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_ (must be valid for 7 months after trip)

PREFERRED NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ MALE \_\_\_\_ FEMALE \_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

## **JOB/EDUCATION**

CURRENT PROFESSION \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

## **ALL MEDICAL AND DENTAL PROFESSIONALS NEED TO INCLUDE COPIES OF DIPLOMA & CURRENT LICENSES**

STUDENT \_\_\_\_ Yes \_\_\_\_ NO NAME OF SCHOOL \_\_\_\_\_

FIELD OF STUDY \_\_\_\_\_

## **AVAILABLE VOLUNTEER OPPORTUNITIES**

IN WHAT AREA(S) WOULD YOU LIKE TO VOLUNTEER? \_\_\_\_ MEDICAL \_\_\_\_ DENTAL \_\_\_\_ REGISTRATION \_\_\_\_ PHARMACY  
\_\_\_\_ BUILDING \_\_\_\_ CHILDRENS PROGRAM

WHICH MISSION TRIP ARE YOU INTERESTED IN?

May 24 – June 7, 2016 \_\_\_\_\_ October 5 – 18, 2016 \_\_\_\_\_

**PERSONAL INFORMATION**

IS THIS YOUR FIRST MISSION TRIP? \_\_\_\_\_ IF NO, WHERE AND WITH WHOM HAVE YOU GONE BEFORE? \_\_\_\_\_

DO YOU HAVE FOOD ALLERGIES OR SPECIAL DIETARY NEEDS? \_\_\_\_\_ IF SO, WHAT ARE THEY? \_\_\_\_\_

MEDICAL NEEDS \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_

WRITE A SHORT BIO ABOUT YOURSELF: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
**AGREEMENT**

1. I understand that *no alcohol, drugs or tobacco products are allowed at anytime on this mission trip.*
2. I understand that due to the insurance restrictions that is covered by MDP, no personal outings or trips will be allowed during the MDP mission trip dates.
3. I understand that this is a mission trip sponsored by the Maasai Development Project which is affiliated with the Seventh-day Adventist Church.
4. I understand that \$100.00 is due with this application and will be returned **only** if trip is already full.
5. I understand that all trip fees must be paid in full to the MDP office 30 days prior to departure.
6. I understand if cancellation is necessary, full refunds will be given up to 30 days prior to departure.
7. I understand that due to expenses prepaid by MDP one month prior to trip, no refunds will be given if cancelation is less than 30 days before departure.
8. I understand that the Maasai Development Project or any of its employees cannot be held responsible for any theft, injury, accident, or sickness that may occur on this trip.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your interest in this mission trip.

**SEND APPLICATION AND \$100 APPLICATION FEE TO:**

**MAASAI DEVELOPMENT PROJECT  
C/O Mission Trip  
P. O. Box 6816  
Spokane, Washington 99217**