

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?

March 1 – 14, 2017 _____ March 13 - 26, 2017 _____ October 4 – 17, 2017 _____

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: _____

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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**