

**First Presbyterian Church of Bryan
Peru Mission Challenge
May 17-27, 2019
Application**

The First Presbyterian Church of Bryan's Mission Committee is pleased to learn of your interest in serving on one of our short-term mission trips. Participation in a Mission Trip can truly change your life, draw you closer to God and God's people. Please carefully read the following information and, if interested, return the application that follows.

Each potential team member must complete an application and send it, with the deposit, to:

**Trish Burk
2019 Peru Mission Challenge
First Presbyterian Church of Bryan
1100 Carter Creek Parkway
Bryan, Texas 77802**

- A \$250 deposit must accompany each application in order to reserve a place for you on the Mission Team. This fee will be reimbursed if the application cannot be approved.
- **The application deadline is January 22, 2019.** Applicants will be notified regarding the state of their application by January 30, 2019.

Cost to participate: approximately \$2,250. This includes the application deposit, round-trip airfare between Houston, and Lima, transportation, accommodations and meals during the mission trip.

The cost of passports, required/recommended vaccinations, medications or emergency medical procedures or optional side trips while in Peru, **are not included and are the sole responsibility of the mission trip participant.** Trip insurance is also recommended, in case of cancelled flights or illness etc.

Requirements: Once selected, Team Members are expected to attend a team meeting prior to the trip, where they will receive additional information regarding vaccination recommendations from the Center for Disease Control, what to pack, the availability of optional side trips and emergency contact information.

If, after applying, you find that you are unable to participate, please notify the Team Leader as soon as possible. You may be able to receive a partial refund depending on the timing and whether or not we are able to find a replacement for you.

Passports take 2-3 months after application to obtain, and must remain valid for at least 6 months after the proposed return date from the trip. Two laminated copies of your passport photo and signature page must be provided to the Team Leader. In case of emergency, these will be made available to local embassies or hospital officials.

Questions: All questions regarding this mission trip should be directed to the Team Leader:
Trish Burk – phone: (979) 220-4955 / email: pagburk@suddenlink.net.

2019 Peru Mission Challenge

May 17, 2019 – May 27, 2019

SECTION I

The information on this form will be kept confidential and is for use by the Team Leader and any necessary Medical Professional while on the trip

Personal Information *(Please type or print clearly)*

Last Name: _____ First Name: _____

Name exactly as it appears on your passport: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____ Fax: _____

Date of Birth: ___/___/___ Passport #: _____ Passport expiration: ___/___/___

Gender: Male___ Female___ Marital Status: Single___ Married___ Divorced___ Widowed___

Ages of children *(if applicable)*: _____

References: (Minister/Employer/Advisor) familiar with your skills, and ability to serve on a mission team:

Name: _____ Relationship _____

Phone: _____ Email: _____

Name: _____ Relationship _____

Phone: _____ Email: _____

If you are a member of a church please complete the following:

Home Church: _____ Denomination: _____

Address: _____ City: _____ State: _____ Zip: _____

Employment or Educational Information:

Please share employment, school or pertinent information regarding work experience related to this mission. If you are a student, please let us know where you attend school and what year you are in:

Home Church Involvement

(This information will help us to know how you might provide needed skills and experience)

Are you a church member? Yes___ No___ If “yes,” for how long? _____

Are you, or have you served as, a church officer? Yes ___ No _____ Terms: _____

If you are involved in a church ministry, please describe your participation:

_____ How long _____

_____ How long _____

_____ How long _____

Skills, Talents and Experiences

Have you participated in any mission trips?
Please tell us about your most recent mission trips:

Destination: _____

Dates/Year _____ Nature of mission: _____

Destination: _____

Dates/Year: _____ Nature of mission: _____

Please share highlights of any previous mission or cross-cultural experiences you have had.
(i.e., living overseas, travel abroad, etc.):

Language Fluency *(Example: Spanish – Fluent, Fair, Basic or None)*

Please let us know what training/experience/skills you would be willing to share with us and those we will serve in Peru:

- ___ Dentistry _____
- ___ Family Medicine _____
- ___ Gynecologist _____
- ___ Nurse _____
- ___ Nurse Practitioner _____
- ___ Ophthalmologist _____
- ___ Pediatrician _____
- ___ Pharmacist _____
- ___ Physical Therapist (PT, OT) _____
- ___ Nutritionist _____
- Other (*pls. specify*) _____

Please describe other valuable skills that you could bring to the medical mission:

Tell us a little about yourself... (*interests, hobbies, work or recreational experiences*)

How would others describe your personality?

Please share with us why it is you would like to participate in this mission trip, including what you hope to gain from the experience:

All Participants must provide one laminated color copy of:

***Page 2&3 (together) of their current passport (signature & photo)**

In addition, licensed medical providers must include with their application - 1 clear and complete copy of their:

- **Curriculum Vita (1page summary)**
- **College, Graduate & Medical School diploma(s)**
- **Current License to practice medicine**

Thank you for providing this information.

SECTION II

(TO BE FILLED OUT BY YOU & YOUR PHYSICIAN)

Confidential Information for use in Medical Emergencies & Assessment

Full Name: _____

Medical Insurance Provider: _____ Policy #: _____

International/Travel Insurance Provider (*not required for participation*):
_____ Policy #: _____

Name of your Physician: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ After hours Phone: _____

Please list all the drugs/medications you are presently taking indicating the generic name, exact strength / dosage, and time administered.

List medical problems for which you have received medical care in the past 12 months:

List any history of major illness or surgery: _____

Date of most recent tetanus immunization: _____

Have you received hepatitis A and hepatitis B vaccine? Yes No

Have you had Measles Chicken Pox Hepatitis A / B / C / other? (*circle*)

List any known allergies (*including food allergies*): _____

Please list any medical conditions helpful for a physician to know should you require emergency medical attention during the trip:

Some mission trip work will require physical exertion at an altitude of 11,000+ feet. List any physical limitations to walking, climbing, carrying your suitcase or supplies.

PHYSICIAN'S SIGNATURE: _____ DATE: ____/____/____

Emergency Authorization

_____ *(Please hand initial)* I give any licensed, practicing physician or hospital full authority to provide emergency medical treatment for me in the event such treatment is deemed necessary and I am not able to make such a decision.

_____ *(Please hand initial)* I also hereby give my permission for a licensed practicing physician to administer whatever medical treatment he/she may deem necessary for me in the event of any medical emergency affecting me.

In Case of Emergency – Contact 1:

Name: _____

Address: _____

City: State: Zip: _____

E-mail Address: _____

Relationship to Applicant: _____

Mobile Phone: () _____ Home Phone: () _____

Work Phone: () _____

In Case of Emergency – Contact 2 *(optional)*:

Name: _____

Address: _____

City: State: Zip: _____

E-mail Address: _____

Relationship to Applicant: _____

Mobile Phone: () _____ Home Phone: () _____

Work Phone: () _____

Section III

State Department Country Advisory Confirmation

The undersigned has received the State Department Country Advisory for his/her designated country of travel and therefore agrees to not hold the church liable for injury or unanticipated expense on a mission trip. Advisories can be located by going to www.travel.state.gov and locating the destination country. Medical advisories are available at www.cdc.gov and locating the destination country.

Printed Name of Mission Trip Participant

Signature of Mission Trip Participant

____/____/____
Date Signed

Printed Name of Witness

Signature of Witness

____/____/____
Date Signed