



Cole Valley Christian Schools Outreach Volunteer Application

Put an X on the trip you
are interested in:

Philippines: _____

India: _____

BOYS PHILIPPINE BASKETBALL TRIP JUNE 4TH-19TH

YWAM INDIA TRIP FROM JULY 10TH-28TH, 2023

Name (First, Middle, Last) **Please Print Clearly** Email Address

Home Phone # Cell Phone # Date of Birth (m/d/yr)

Street or Mailing Address City State Zip

Employer Occupation Current Grade Level

Home Church _____ Pastor's name _____

How did you hear about this trip? _____

Emergency Contact Information:

Name _____ Relationship _____

Phone number _____ Email _____

Address _____

Dentist Name and Phone Number: _____

Family Doctor's Name and Phone Number: _____

Health Insurance Company and Policy #: (please attach a copy of your health insurance card to this application)

List any past mission trip experiences: (include name of sponsor organization, where you went, your responsibilities etc.)

Have you prayed about joining this mission team? _____ Do you have parental permission to go? _____

Why do you want to go on this trip? _____

Do you have any fears, doubts, or reservations about going on the trip? If so, what are they?

What are your gifts and talents? _____

Are you a follower of Jesus Christ? _____ If so, share your testimony (add separate piece of paper if needed).

Print Name _____

Print Parent Name _____

Signature _____

Parent Signature _____

Parent Email _____

Parent Phone Number _____

Date _____

Date _____

Please return completed application with medical history form, copy of health insurance card and \$100.00 deposit (check to CVCS) to Mrs. Moehlmann or Mr. Koch by Dec 1st.

MEDICAL HISTORY FORM

Name: _____ Date of Birth: _____ Phone #: _____

Personal History of Disease

Have you ever had any of the following illnesses? (Circle if yes)

Diabetes Cancer Asthma Bleeding Disorder Stroke Heart Disease
High Blood Pressure Kidney Disease Mental Illness Other

If so, explain _____

Are you taking any medications on a regular basis? _____

Write down any food, drug, latex, or other allergies _____

Have you ever been hospitalized? If yes, when and why? _____

Have you ever had any surgery? If yes, list type, date and hospital _____

Have you ever or do you now use tobacco? Yes / No. If yes, how long? _____ How much? _____

If an adult, do you drink alcohol? Yes / No. If yes, how often?

What do you do for physical activity? _____

This trip may be physically strenuous. Do you have any physical limitations that may limit your ability to participate?

Do you have any dietary restrictions? _____

Date of last exam by physician _____

If you are a student, have you ever traveled without your parents? Yes / No.

Have you ever spent time without electricity, running water or indoor plumbing? Yes / No.

Mental Health History

Have you ever struggled with depression, anxiety or any mental illness? (Please explain) _____

