



PARTNERSHIP INTERNATIONAL
facilitating short-term missions

Stateside Trip

Joplin, MO

June 28 - July 1



The 2011 Joplin, MO tornado was a catastrophic EF5 that struck on May 22nd, 2011. The tornado reached a maximum width in excess of 1 mile during its destructive path. During this trip you will have the opportunity to serve a community and families that were impacted by this horrible disaster. Get your hands and heart ready to serve by painting, building, landscaping, witnessing and ministry outreach to the Joplin community.

Trip Details:

Cost: (\$350-\$380) depends on a few options the team will decide

* Includes: transportation, meals, lodging, and ministry supplies

Dates: June 27th - July 2nd, 2012

Application and deposit of \$115 (non refundable/can transfer) due Sunday, March 11th

Payment schedule - checks made payable to "New Hope"

\$88 due April 11th, May 11th, and June 11th

Team members will be required to be a part of a discipleship class being offered this spring, have faithful attendance to church, and set a Godly example for others.

Please take time to pray about this opportunity!

Contact Pastor Brian at the church office or visit www.newhopeinfusion.org for more information

Health Information

Sex: Male Female Height _____

Weight _____ Blood Type _____ (if known)

In case of an emergency notify:

Name: Last _____ First _____ Middle Int. _____

24 hour contact # _____

Relationship to applicant: _____

Can you swim? No Yes

Do you sleep walk No Yes

Have you ever suffered a serious illness, had surgery performed or been hospitalized?

No Yes (if yes please explain)

Do you have any known allergies?

No Yes (Please List)

Do you have any dietary restrictions or food allergies? No Yes (Please List)

Are you currently using any medications? (Include prescription and non-prescription)

No Yes (Please List)

Have you ever been treated for (or are now suffering from) emotional difficulties?

No Yes

Do you have a communicable disease?

No Yes (Please List)

Do you have any physical limitations that prevent participation in rigorous activity?

No Yes (if yes please explain)

International Insurance Coverage:

- \$1,000,000 Foreign Liability Insurance
- \$1,000,000 Foreign Contingent Auto Liability Coverage
- \$1,000,000 Employer's Liability Coverage
- Foreign Voluntary Compensation Coverage
- Accidental Medical and Sickness Coverage (\$100,000 per person limit)
- Accidental Death and Dismemberment Coverage (\$100,000 per person limit)
- \$250,000 (per policy year) Medical Assistance Protection



Joplin

Trip #122022

Application Must Be Completely Filled Out

Please Print Clearly

Name: _____
(Last) (First) (Middle Int.)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ DOB ____/____/____

How did you hear about PI?: _____

Have you taken a trip with us?: no Yes (if yes, how many?) _____

Email address: _____

Tell us a little about yourself and why you are interested in going on a missions trip.

Do you have previous missions experience?: no Yes

Number of trips you've been on?: _____ T-shirt size: _____

Church Name: _____

Church Address: _____

_____/____/____
Signature (parent or guardian if minor)

Date

This application represents a letter of intent to agreement between the designated individual and Partnership International. Acceptance of the designated individual for ministry work by Partnership International, along with the signature of an authorized agent of the designated individual constitutes an agreement to abide by the terms as expressed in this letter. Only those authorized to act on behalf of the designated individual and the sponsoring church or organization are permitted to complete this application. It also represents an intention to support the future development of ministry in the host country through submission to the instructions of Partnership International personnel in matters of conduct and ministry practice.

After receiving application and \$115 deposit PI will send an assumption of risk form to be completed by you.

IMMUNIZATIONS:

For our information please indicate date of most recent immunization, if known.

Poliomyelitis _____ Diphtheria _____ Hep A _____

Hep B _____ Measles/Mumps/Rubella _____

Tetanus _____ Malaria _____ Other _____

Physician: _____ Office # (____)

Partnership International - 10628 Winner Rd. Suite 500 Independence, MO 64052 (816) 254-6792

