

[www.teamhealthcareinc.com](http://www.teamhealthcareinc.com)  
TEAM HEALTHCARE – SHORT TERM MISSIONS  
Combined Application Form

Return this application to:  
Team Healthcare  
4 Fidelian Way  
Towaco, NJ 07082  
(973) 299-0964

Requested Trip: \_\_\_\_\_ Trip Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name (from your passport) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Passport No: \_\_\_\_\_ Country Issued: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parents/Guardian Name (if minor) \_\_\_\_\_ Are you a student? (Yes) (No) Grade? \_\_\_\_\_

Beneficiary (for travel insurance) \_\_\_\_\_

Are you a member of Jacksonville Chapel? \_\_\_\_\_ Do you consider Jacksonville Chapel your home church? \_\_\_\_\_

In which ministries of Jacksonville Chapel do you participate? \_\_\_\_\_

Church affiliation (if not Jacksonville Chapel) \_\_\_\_\_ Occupation: \_\_\_\_\_

In what areas would you like to serve?

( ) Medical ( ) Dental ( ) Optometry ( ) Evangelism ( ) Support Staff ( ) Work ( ) VBS

Any physical limitations? \_\_\_\_\_

Name of Mission Organization which has accepted you: Team Healthcare, 4 Fidelian Way, Towaco, NJ 07082 phone: (973) 299-0964

Field of Service (location) \_\_\_\_\_ Cost of Trip \$ \_\_\_\_\_ Amount raised \$ \_\_\_\_\_

How many letters have you sent requesting prayer and financial support? Non-Chapel? \_\_\_\_\_ Chapel? \_\_\_\_\_

Have you participated in a Short-Term Mission Trip before?

When? \_\_\_\_\_ Where? \_\_\_\_\_

**Medical History:**

General Health: Excellent: \_\_\_\_\_ Good: \_\_\_\_\_ Fair: \_\_\_\_\_ Any medical problems (asthma, etc.) \_\_\_\_\_

Allergies or reactions to medications: \_\_\_\_\_ Date of last tetanus toxoid injections: \_\_\_\_\_

Name of Insurance Company and Policy Number: \_\_\_\_\_

**Give a brief testimony and tell us why you want to serve in a mission field (use back of page)**

*In consideration for allowing me to participate on this mission trip, I waive any future claim against Team Healthcare, Inc. and its board members, or hold them liable for any damages sustained as a result of accident or injury incurred while participating on a Team Healthcare mission trip. I give permission for First Aid to be rendered in case of accident or injury.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Our Statement of Faith:** We are a nondenominational group of evangelical Christians dedicated to spreading the gospel of Jesus Christ to underprivileged areas of the world through medical/dental/optometry/work and teaching missions. (John 3:16, Romans 10:9-13, Mark 16:15) Please enclose non-refundable deposit check made out to Team Healthcare Inc. with this application form (tax deductible).