

*Mission of Hope*  
**Group Member Application**

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

My Hope Movement Website: \_\_\_\_\_

Sex (Check One):  M  F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

If under 18 years old, Name of Parents: \_\_\_\_\_  
(Please have your Parents sign the release form)

Name of Team Leader: \_\_\_\_\_

Team Travel Dates: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Country Issuing Passport: \_\_\_\_\_

Your name exactly as it appears on your passport: \_\_\_\_\_

Passport Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status (Check One):  S  M  D  W Name of Spouse: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Name of Pastor: \_\_\_\_\_

Church Phone Number: \_\_\_\_\_

References (Friends, Family, etc. who have known you more than 2 years. Provide complete name, address, email, and phone number):

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about The Hope Movement?  Website  Church  Other \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Medical Information**

Current Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

Previous Medical Conditions, Surgeries, Treatments (Include Reasons):

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Have you been on a Mission of Hope trip before?  Yes  No

What group did you come with? \_\_\_\_\_ Year of Mission Trip: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

