



BEM Mission Trip Application

"Changing Lives One Trip at a Time"

Completing this application is absolutely necessary to holding your spot. Your name and date of birth on this form **MUST** be identical to the name and date of birth on your passport. Due to airline regulations your deposit is non-refundable (see Q & A at bottom of page for details). Thank you for answering the call through BEM; we look forward to serving the King together.

TRIP DATE: _____

Passport Number _____ Expiration Date _____

Name: First _____ Middle _____ Last _____

Birth Date _____ Gender _____ Frequent Flyer # _____

Any Felonies? Yes _____ No _____ If yes, speak to Pastor Lubin

Address _____
Street City State Zip

Phone (____) _____ Email: _____

Person to be notified in an emergency _____

Phone (____) _____

Church Affiliation (if applicable) _____

Name of Pastor: _____

Address _____
Street City State Zip

Church Telephone (____) _____

Tee Shirt Size: _____

Q. If for some unexpected reason I cannot travel after my trip costs has been paid, can I be refunded?

A: Due to airline regulations your initial deposit is none refundable. This payment is for your airline tickets, bus reservations for both here and in Haiti. We will provide you with your record locator from the airline so you can handle your case personally. If you've paid in full for your second segment of your trip, you will be refunded if you cancelled at least 2 weeks prior to departure.



(Name: _____ Trip Date: _____)

What do you think are your primary strengths that you would add to this team?

(Teens only): Give the name, address and phone number of two (2) adults (other than parents or relatives) who can give an honest evaluation of your ability to work hard. (One must be your church pastor or youth leader if applicable.)

What skills or interests do you bring to the team (work, construction, medical, spiritual, musical, leadership, etc.) This helps us organize our team - no special skills are required, just a desire to work hard in a group setting.

Please list any allergies, illness or other health problems that we should be aware of.

Do you have any special dietary needs?

Please list all prescription medication you are taking:

Insurance Carrier (make sure your policy covers you overseas): _____

Policy # _____ Ins. Ph. # _____

In the event of a medical emergency, I hereby authorize those in charge to take me to the nearest licensed physician and/or nurse, medical center or hospital, and to secure necessary treatment (medications, injections, anesthesia or surgery) to protect my well being. I will be responsible for all medical costs not covered by my insurance.

I understand the requirements for this team and I promise (as much as it is within my power) to fulfill these requirements and to be a positive participant on this team.

Signed _____ Date _____

If applicant is under 18 years old, a parent or guardian must also sign.

Parent/Guardian signature _____ Date _____