VOICE OF GRACE
INTERNATIONAL MINISTRIES

Tape or glue your passport style photo here.

(No staples please)

PERSONAL INFORMATION

Full Name	
Badge Name	

(FIRST NAME ONLY or NICKNAME for Trip Name Tag)

Birth Date	

Address	City	State	Zip	Country

If Mailing Address is Different				
Address	**City**	**State**	**Zip**	**Country**

Home Phone	Cell Phone	Email Address

Include Area Code

Occupation		Retired	Yes		No	

CHURCH INFORMATION (IF APPLICABLE)

Church Name			
Church City/State		Church Phone No.	

Include Area Code

Pastor's Name	

Church Responsibilities and/or volunteer duties (if any)

Have you traveled with us on an International Group Trip?	Yes		No			

How did you hear about this trip?	Previous trip		Literature		Social Media		

Other		Please share	

VOLUNTARY GROUP PARTICIPATION

What particular talents do you have that, if called upon, you would be willing to share with the group?

Leading Worship (Dancing/Singing)		Ministry/Preaching		Training/Teaching	
Other Talents to share					

MEDICAL INFORMATION

It is important for us to be aware of any information that could help in case of an emergency. Are you affected by any of the following? (Check all that apply, and elaborate if needed)

Have you received a Covid Vaccine and are up to date?	Yes		No

	High Blood Pressure			Diabetes
	Health Ailments *(please explain)*			Nervous Disorders
	Asthma or Hay Fever			Rheumatism or Arthritis
	Eye or ear issues *(please explain)*			Head Injuries
	Anxiety/Panic attacks			Allergies
	Sinus Trouble			Hip or Joint Replacement
	Liver or Kidney disease			Limited mobility *(please explain)*
	Bone Disease			Stomach problems *(please explain)*
	Other health issues or further explanation of any above issues.			

If you checked any of the above, please indicate how this may affect you during this trip and what, if any, medications you will be using to control any health issues:

Are there any other concerns or issues, medically or otherwise, we may need to know about you? If yes, please explain:

	Yes			No	To the best of your knowledge, are you medically able to travel on this trip?
	Yes			No	Typically, our trips include **a lot of walking**, and sometimes up and down steps. Are you able to walk and climb stairs, if necessary?
	Yes			No	If you are limited in your mobility, will you be willing to skip some of the more strenuous tours, if necessary, on the trip?
	Yes			No	Are you wheelchair-dependent?
	Yes			No	Will you need the use of a wheelchair at the airports only?

Physician's Name (if applicable):		
City	State	Phone

EMERGENCY CONTACT INFORMATION (Please print legibly)

Primary Emergency Contact		Secondary Emergency Contact (if applicable)	
First Name		Last Name	
Last Name		Last Name	
Relationship		Relationship	
City/State		City/State	
Contact No.		Contact No.	
Include Area Code		Include Area Code	

	Day		Evening		Mobile		Work		Anytime			Day		Evening		Mobile		Work		Anytime