



**MEDICAL MISSIONS  
WORLD WIDE**

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*"Faith by itself without action, is dead" James 2:17*

Full Name (as it appears on your Passport) \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Street Address \_\_\_\_\_

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

Email Address \_\_\_\_\_ Email Address#2: \_\_\_\_\_

Passport #: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Which missions trip are you interested in? \_\_\_\_\_

Dates: \_\_\_\_\_

***General Health***

Do you have any health limitations? \_\_\_\_\_

Back Trouble \_\_\_ Heart Trouble \_\_\_ Kidney Disease \_\_\_ Eye or Ear Trouble \_\_\_ Asthma \_\_\_

Mental or Nervous Disorder \_\_\_ Allergies \_\_\_ (is allergies please list) \_\_\_\_\_

Pregnancy \_\_\_ Skin Trouble \_\_\_ Convulsions or Epilepsy \_\_\_ Diabetes \_\_\_ Lung Disease \_\_\_

Joint Trouble \_\_\_ Stomach or Digestive Trouble \_\_\_ Other Illness not listed \_\_\_\_\_

Please list any medications that you are taking: \_\_\_\_\_

Do you have any physical limitation that affects your work performance such as standing for long periods, lifting or walking? \_\_\_\_\_

***Medical Insurance***

Insurance Company: \_\_\_\_\_

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

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

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

Group Plan: \_\_\_\_\_

Identification Number of the Insured: \_\_\_\_\_

Please Check the Following:

\_\_\_\_ Participant is the insured

\_\_\_\_ Participant is covered dependent of the insured

If a covered dependent, the name of the insured is: \_\_\_\_\_

Is pre-certification required for hospital stays? \_\_\_\_ Yes \_\_\_\_ No

***Emergency Contact Information***

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

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

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

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

Relationship: \_\_\_\_\_

*General Information and Experience*

Are you a Christian? What are your Spiritual Beliefs? Give a short testimony: \_\_\_\_\_

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What interests you about doing a short term missions trip?

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What do you hope to contribute to the team?

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What do you hope to gain from the trip?

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Have you participated in any similar effort either as an adult or youth? Is so Please list:

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List any Carpentry or construction skills or experience.

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List any Medical skills, certifications or experience:

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List any organizational skills that my contribute to the success of the team:

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List any artistic, musical, cultural, spiritual, teaching or technical skills or experience that might contribute to the team.

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