

IIM – INTERNATIONAL IMPACT MINISTRIES

APPLICANT INFORMATION

Name:

Date of birth:

Email:

Current address:

City:

State:

ZIP Code:

Male Female *(Please circle)*

Phone:

Cell:

Current Medical Conditions, Medications, allergies, etc:

TRIP INFORMATION

Which Trip are You Interested in?

Ministry Preferences (Yes/No):

Children's Ministry:

Construction Projects:

Feeding Unit:

VBS:

Church Construction:

Women's Ministry:

Sports Camps:

Home Construction:

Medical Teams:

Youth Ministry:

Community Projects:

Dump Ministry:

Leadership Training:

Teaching:

Evangelism:

Are you willing to preach during the trip?

How did you learn about IIM:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

Email:

CHURCH INFORMATION

Church Name:

Church Address:

Pastor:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary *(Please circle)*

Annual income:

ADDITIONAL COMMENTS QUESTIONS

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SIGNATURES

IIM Application

IIM requires proof of medical coverage for every person while on a trip.

Please provide the requested information. Once you've completed the entire form, please keep a copy of this form for your records and mail a copy to the address below.

International Impact Ministries
PO Box 9086
Dothan, AL 36304

Telephone: (334) 685-4128

Signature of applicant:

Date:

WAIVER AND SIGNATURE

1. In consideration for receiving permission to participate with International Impact Ministries on mission I hereby release, waive IIM and their officers and board members from any liability claims or demands related to any loss or damages, including injury or death that may be sustained by me while participating in mission activities.

2. I am fully aware of risks and hazards connected with trips in foreign countries. IIM will never carry mission teams into a situation that is unstable. I also realize that all travel/ministry in foreign countries carry risk.

3. I understand it is my/groups responsibility to provide insurance for this trip. It is my express intent that this Waiver of Liability agreement shall be binding on me and my family members. This agreement shall be construed in accordance with the laws of the State of Texas.

4. In signing this release, I acknowledge I have read, agree and sign voluntarily this agreement.

5. I am at least 18 years of age; or the parent/guardian of _____, who will be making this trip.

Signature of party: _____

Date: _____