SERVANT SENDERS
DISASTER RELIEF
APPLICATION

1001 E. Palmer St.
Indianapolis, IN 46203
Phone: 317-917-0450
Fax: 317-822-1005

PLEASE PRINT: Date: _____

Name: _____
(Last/family) (First/given) Middle

Address: _____ Church or Group Affiliation:

City: _____ _____

State: _____ Zip: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

E-mail Address: _____ D.O.B. _____/_____/_____
Month Day Year

Please list any specific skills: _____

Do you have any medical problems or allergies? Yes No

If yes please explain: _____

_____

Medications: _____

Special Dietary Needs: _____

Allergies: _____

In Case of Emergency: Name: _____ Phone #: _____
Relationship: _____ Alternate Phone #: _____

Recommended Vaccinations: Tetanus- _____ Health Insurance: _____
Hepatitis B- _____ Phone #: _____ ID #: _____

In case of emergency I, _____ give permission to the team leader for the _____ Missions Trip. The team leader has authorization for any x-ray examination, anesthetic, medical, or supervision of any physician or surgeon. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care which the physician's best judgment will deem advisable. I also give permission to the authorized agents to make all decisions involved with the Mission Trip and permission to be involved in all activities.

_____ Date: _____ _____ Date: _____
Signature of Applicant Signature of Team Leader

Please mail or fax application to Servant Senders