

Name Exactly as on Passport: (Title )

Physical Address: P O Box

City: State/Province

Country: Zip/Postal Code

Home Phone: ( ) Work Phone: ( )

Email: Mobile: ( )

Home Church: (City Name) (Title: First Trinity, New Hope) (Denomination)

IF NAZARENE: Church's ID #

District:

Date of Trip	Location
Jan 22 - Feb 4, 2009	Dr. Paul Gamertsfelder Mission Centre Frome, Jamaica

I have life skills in the following areas: \_\_\_\_\_ Loving People \_\_\_\_\_ Hugging People  
 \_\_\_\_\_ Encouraging / Comforting Others \_\_\_\_\_ Learning / Teaching New Skills  
 \_\_\_\_\_ Praying \_\_\_\_\_ Smiling \_\_\_\_\_ Shaking Hands \_\_\_\_\_ Good Attitude  
 \_\_\_\_\_ Construction (List Skills) \_\_\_\_\_  
 \_\_\_\_\_ Maintenance (List Skills) \_\_\_\_\_  
 \_\_\_\_\_ Outreach / Evangelism \_\_\_\_\_  
 \_\_\_\_\_ Discipleship / Follow-up \_\_\_\_\_  
 \_\_\_\_\_ VBS \_\_\_\_\_ Visitation \_\_\_\_\_ Jail Ministry \_\_\_\_\_ Bible Study  
 \_\_\_\_\_ Medical / Dental / Optical (Please list your Specialty, License, and/or Certification below.)

CIRCLE the answers that apply to you.

Your Relationship with Christ? Pre-Christian Christian

Your Relationship with the Church? Attendance: Weekly Occasionally  
Membership: Member Non-Member

How many Work & Witness Trips Have You Taken? My First or # of Trips  
If you have taken other Work & Witness trips, where? \_\_\_\_\_

PASSPORT IS REQUIRED - USA AND CANADIAN RESIDENTS DO NOT NEED A VISA

Do you have a passport? YES NO

Inform EMD PrimeTime Work & Witness when you receive your passport.

Birthdate: \_\_\_\_\_ Shirt Size: Men Women

(Birthdate is needed for insurance purposes.)

I certify all information above is correct.

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

*Each person must complete a separate application.*

List Four Emergency Contacts - Please Type or Print Very Carefully

**Name:** \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Pager: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Name:** \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Pager: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Pastor:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Pager: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Doctor:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Pager: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Make deposit check of \$300.00 payable to: EMD PrimeTime Ministries**

**Payment Schedules are listed on specific pages for various trips. Mark your choice.**

Monthly \_\_\_\_\_ Two Payments \_\_\_\_\_ Payment in Full \_\_\_\_\_

If you select Two Payments for Full Payment option you will be informed as to the dates & amounts needed to pay security deposits and other fees that must be paid a few months in advance of departure.

**You may pay your trip in full when you submit this application.**

**All prices and payment schedules are in USA Dollars & Per Person.**

To assure we have the necessary funds available at the various times we must make deposits and payments related to these trips, we ask your payments be consistant & on time. **Total \$1,950.00**

If we receive lower than expected costs, we will decrease the total amount due and deduct the savings from the final payment(s). The final due date will not change.

**Make Check Payable to and Mail to: EMD PrimeTime Ministries**  
**C/O Rev. Charles A. Bledsoe**  
**392 Meadows Circle**  
**Wixom, Michigan 48393 USA**

Email: ULNazarene@aol.com  
 Phone: 248-684-9457

If application is completed and mailed, deposit is enclosed. If application is completed online deposit will be mailed by\_\_\_\_\_. I understand my reservation will be finalized when my deposit is received. Timely payments are necessary to meet deposit deadlines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Each person must complete a separate application.*

# Medical Release

Date: \_\_\_\_\_,

I, hereby give \_\_\_\_\_ (Team Leader)

and / or \_\_\_\_\_ (Team Member) permission to secure immediate medical treatment for me in the event that I am not able to make that decision due to an injury or illness. In the case of a minor, I, the legal guardian, give permission to the aforementioned to secure immediate medical treatment for my child in the event of accident or illness. In either case it will be from the date of:

\_\_\_\_\_ to \_\_\_\_\_,

Name: (Print) \_\_\_\_\_

Signature: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
NOTARY PUBLIC

(Seal)

\_\_\_\_\_  
EXPIRATION DATE

This page cannot be completed online. It must be printed and mailed to:

**EMD PrimeTime Ministries  
C/O Rev. Charles A. Bledsoe  
392 Meadows Circle**

**Wixom, Michigan 48393  
USA**

# Health Questionnaire

Please place a check mark beside any of the health conditions you may have at the present time or have had in the past. It is important your team leader be aware of any medical problems that may arise while on the mission trip. Please use the comment space below to add any existing conditions that may not be itemized. Preexisting conditions are not covered by the Work & Witness Insurance policies.

### HEART

- Heart Surgeries
- Bypasses
- Heart Medications
- Pacemaker
- High Blood Pressure
- 
- 

### LUNGS

- Asthma
- Emphysema
- High Altitudes
- 
- 
- 

### DIET

- Diabetes
- Prescribed Insulin
- Hypoglycemia
- Diet Restrictions
- 
- 

### OTHER

- Allergies \_\_\_\_\_
- Phobias (Heights, Crowds, etc.)
- Epilepsy
- Prescribe Medications (List Below)
- 
- 

## Comments

Please include any health conditions your team leader should be aware of in case of any emergencies and list all medications you will be taking with you.
