



Journey Application

Personal Information

Full Name: _____
Street Address: _____
City, State, Zip: _____
Phone Number: (h) _____ (c) _____
Email: _____
Date of Birth: _____ Country of Birth: _____
Gender: ___ F ___ M
Marital Status (check one)
___ Single ___ Married ___ Divorced
Are you applying with a church group? ___ yes ___ no
Name of Church: _____
What is your journey country? _____
When is your journey dates? _____
Passport Number: _____
Date Issued? _____ Date of expiration? _____
Exact name as it appears on passport? _____
T-shirt size: ___ XS ___ S ___ M ___ L ___ XL ___ XXL

Emergency Contact Information

Name: _____ Relationship _____
Phone Number: (h) _____ (c) _____
Email: _____
Beneficiary: _____

Background Information

Have you ever been convicted of a crime? ___ Yes ___ No
If yes, please explain: _____

Personal Health Information:

Are you currently receiving any medical care? ___ Yes ___ No
If yes, please explain: _____
Please list any prescription medications you are currently taking:

Please list any allergies you may have: _____

Medical Release

I do hereby give Concern for the World authority to request and authorize medical and/or hospital treatment for my benefit, in the event of any injury or sickness sustained by me while on my journey trip. I agree to pay for all such treatment and to reimburse Concern for the World for all costs and expenses incurred by them with respect to such treatment.

Full Legal Name: _____ Date: _____
Signature: _____