



Short Term Mission Trip Application

Harvest International, Inc.

Release of Liability and Approval of Ministry

I, _____ submit myself, my services and my talents to the leadership of Harvest International, Inc., and their appointed representative on the mission field from the time of departure until the time of return to the United States.

I am aware that I will need to have a positive, exemplary attitude and concern for others. I will have to endure some inconveniences and be safety-conscious. I will observe a modest dress code as outlined in our trip manual.

I understand that if I engage in activities which adversely affect my Christian witness, I will be subject to immediate dismissal from the team and be returned home at the first possible opportunity at my own expense.

I hereby acknowledge that I do this service to God and Harvest International and I am receiving no wages for this service. I understand that Harvest International is a non-profit missionary corporation and as such does not have liability insurance for any loss which may occur. I agree to save and hold harmless Harvest International, Inc. from any and all loss or damage which may occur in connection with any Harvest International, Inc. activity. I agree to abide by their instructions and acknowledge that I am assisting their ministry in God's service.

Print and Sign before sending to Harvest International.

Signature: _____

Date: _____

Signature: _____

Date: _____

If a minor, signature of parent/legal guardian is required.



Short Term Mission Trip Application

**Complete information EXACTLY as shown on Passport.
Please print legibly.**

First Name: Mid. Name: Last Name:

Birthdate: Gender: Trip Date: Country:

PASSPORTS ARE REQUIRED AND TAKE AT LEAST 3 - 6 WEEKS TO OBTAIN

Passport #: *Exp. Date:

** Expiration date should be at least 6 months after travel is completed.*

Address: City: St: Zip:

Phone: Email:

EMERGENCY CONTACT

*This will be the beneficiary on your travel insurance as well as our emergency contact.
THIS PERSON MUST NOT BE TRAVELING WITH YOU.*

Name: Relationship:

Address: City: St: Zip:

Phone: Email:

MEDICATIONS

Be sure to have adequate supply of all medications needed for your health.

*Application MUST be completed in its entirety. Signatures MUST be provided on the release of liability.
All funds received will be applied to the trip expense account for your team and are not refundable.*

*Application MUST be returned 90 days prior to the trip date along with a \$200 deposit to
Harvest International, Inc. · P.O. Box 6690 · Ocala, FL 34478-6690
or email to Pam@harvestinternational.org.*

An application MUST be completed for EACH trip taken.