

Outreach Information Form

Please return this form and the Medical Authorization Form to:

2009 HAMC Baja Mission Trip
c/o Mrs. Rhonda Richie
149 Mary's Run Rd
Churchville, VA 24421
Fax: (540)886-0148 – attn: Rhonda

I am part of the Church Group or Youth Group known as: _____

(Each person must fill out a complete form please)

Name: _____ Email _____

(as it appears on your photo I.D)

Address: _____

City: _____ State _____ Zip _____

Phone (____) _____ Date of Birth ____/____/____

_____ Male _____ Female Church _____

Are you allergic to any medication? (Circle one) Yes No

If yes, please describe: _____

Do you have any work limitations due to health problems? (Circle one) Yes No

If Yes: What are they: _____

In an emergency contact:

_____ Phone: _____

What Specific Skills Do you Have? (Please List) (Building Skills are not required to build a house)

I have reserved a spot for the outreach week of: _____

Please initial the following:

_____I understand that I will be meeting the group at the San Diego Airport on the first morning and know that I need to be at the San Diego Airport outside The Southwest Airlines Baggage Claim Area no later than 9:00 a.m. sharp!

_____I further understand that we will return to the San Diego Airport at approximately 4:30-5:00 p.m. on the final evening of the outreach....So I should not make any travel arrangements before 6:00 p.m. that night.

I hereby release YOUTH WITH A MISSION, its staff and volunteer assistants from any liability whatsoever arising out of injury, damage or loss which I may sustain during my involvement with this Mexico Outreach.

Signature

_____Date_____