



Reid Memorial Presbyterian Church
2261 Walton Way
Augusta, GA 30904

MISSION TRIP APPLICATION

General Information

Name (as on passport): _____

Mailing Address: _____ City: _____ State: __ Zip: _____

Telephone (Cell): _____ (Home): _____ (Work): _____

Email: _____

Passport #: _____ Passport Expiration Date: _____

[Where passports are required, copy of a valid passport **must be attached to the application**]

Birth Date: ____/____/____ (mm/dd/YYYY) Single [] Married [] Male [] Female []

Do you: Teach _____ Sing _____ Sports _____

Other gifts/talents: _____

Musical instrument: _____ If yes, what? _____

Foreign Language Spoken: _____ Fluent? _____ Limited _____

Medical Training (explain): _____

Previous mission volunteer experience: _____

Are you willing to commit to all team meetings and training sessions prior to the Mission Trip?



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Your Story

Tell us about your journey of faith.

Why do you want to participate in this Jamaica Mission Trip?

What do you hope to learn?

As members of the church, we are encouraged to lead in the areas of worship, study, service, and giving. How have these been meaningful parts of your life of faith and how do you anticipate growing in each during your time of service on this trip.



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Emergency Numbers and Medical Information

Emergency Contact Information:

Name: _____ Phone #'s: _____ Relationship: _____

My health is: Excellent: ___ Good: ___ Fair: ___ Poor ___

How many days a week are you active? _____

What activity do you do when active? _____

Primary Physician: _____ Phone #: _____

Last Tetanus shot: _____

Indicate if you have now, or have had in the past, or are presently taking medications for any of the following:

___ Asthma	___ Migraine Headaches	___ Stomach Problems
___ Diabetes	___ High Blood Pressure	___ Nervous Disorder
___ Psychiatric Counsel	___ Heart Trouble	___ Other; please specify.

Medication Currently Taking and Dosage: _____

Physical Limitations (please list): _____

Allergies: _____

Chronic Illnesses: _____

Blood type _____



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Are you subject to motion sickness? ____ Yes ____ No

Have you ever fainted or passed out? _____ When? _____

Why? _____

Signature and Approval

Signature of Applicant

Date

RMPC Staff Approval

Date

I understand that I am signing up to go with RMPC to Jamaica on a church mission trip in June 2024. I recognize that I will be going on behalf of the church and will act accordingly. I will be respectful of the other trip participants, adults, and those we meet. I will be an active participant of this trip, participating in all group preparations for the trip as well as activities and work while in Jamaica.

Participant's Signature _____ Date _____

Parent's Signature (if participant is a youth) _____

Turn in completed registration form with \$100 non-refundable deposit to Rebekah Mayfield to reserve your space on this trip by November 15th.

Thank you for your interest in this trip. Your application form will be placed with other applications for review.