

Please send Application to:

Chosen International Medical Assistance

3638 West 26<sup>th</sup> Street

Erie, PA 16506

Or email: [kristen@chosenima.org](mailto:kristen@chosenima.org)



In addition to the application below, please send us the following:

\_\_\_\_\_ A photocopy of your passport photo page.

\_\_\_\_\_ A signed copy of the Code of Conduct, Code of Ethics, and Release of All Claims and Liability forms.

**Project Name:** \_\_\_\_\_

**Project Start and End Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **(Nickname)** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Name on Passport:** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Issue Date:** \_\_\_\_\_ **\*Expiration Date:** \_\_\_\_\_

**Are you a part of a group?** \_\_\_\_\_ **If so, which group?** \_\_\_\_\_

**Do you speak Spanish?** \_\_\_\_\_ **Are you proficient enough to interpret?** \_\_\_\_\_

**Are you coming as a General Helper?** \_\_\_\_\_ **Skills/Talents:** \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact City, State, Zip: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

Medical Concerns that we should be aware of? \_\_\_\_\_

Are you taking any medication? \_\_\_\_\_ Please list: \_\_\_\_\_

Are you limited in day to day activities? \_\_\_\_\_ Please explain: \_\_\_\_\_

Do you have dietary restrictions or food allergies? \_\_\_\_\_

Is this your first trip with ChosenIMA? \_\_\_\_\_

Other missionary experience? \_\_\_\_\_

What do you hope to experience during this trip?

\_\_\_\_\_  
\_\_\_\_\_

Would you like to prepare a 5-10 minute devotional for the team? \_\_\_\_\_ T-Shirt Size? \_\_\_\_\_

Is there anything else that you would like us to know about you?

\_\_\_\_\_

\* Passport expiration must be at least six months after trip end date