

# Be **A** HERO

## Missions Trip

### APPLICATION FORM

**PLEASE PRINT OR TYPE ALL YOUR ANSWERS**

Trip you are applying for: \_\_\_\_\_

Name: (Mr, Mrs, Miss) \_\_\_\_\_

(as it appears on your passport)

Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Address: (Please print as this should appear on a mailing label for your country)

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

Birth date: \_\_\_\_\_ (MM/DD/YY)    Gender:  Male     Female

Marital Status:     Single     Married     Separated     Divorced

Which mission trips have you been on with us before? (Please specify) \_\_\_\_\_

### **PERSONAL HEALTH HISTORY**

**Note:** All information provided will be kept in strictest confidence; however anything pertinent will be shared with the Team Leaders who will have responsibility for you during your trip.

Any current illness or mental/emotional conditions? Specify:

\_\_\_\_\_

Are you presently under the care of a doctor for any condition? Specify:

\_\_\_\_\_

Are you taking medication at this time? Specify: \_\_\_\_\_

Are you allergic to any medications? Specify: \_\_\_\_\_



We will use email to inform you of your acceptance, and keep you updated in regard to this trip. We will also add you to our mailing list. If you do not want to receive information from us regarding other events then please sign here: \_\_\_\_\_

**ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**

I understand that the fees must be made in Canadian dollars, in full before the trip and by the specified deadline.

Signature \_\_\_\_\_ Date \_\_\_\_\_(DD/MM/YY)

*Special note regarding personal expenses:* All personal expenses are your responsibility, i.e. personal transportation, supplies, phone calls, medical fees, spending money and laundry expenses. (Please see joining instructions for details of what is/ is not covered)

**FEES**

I enclose a non-refundable deposit of 10% of the trip fee, and agree to pay the balance by the specified deadline.

Signed: \_\_\_\_\_

Signature of Parent if under 18: \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO**

Be A HERO Head Office  
Box 25077 Mission Park  
Kelowna, BC V1W 3Y7  
Canada

**OR FAX/EMAIL**

**Fax: (250) 717-1013**

**Email: [schools@beahero.org](mailto:schools@beahero.org)**