



## KENTUCKY OFFICE

500 MACEDONIAN WAY  
P.O. BOX 756  
SOMERSET, KENTUCKY 42502

Phone: (606) 677-6683 Fax: 677-6683

What an opportunity to serve the Lord! Working with one of the many teams of Macedonian Missionary Service – Building, Medical, MacTrips and Delivery Teams – is a great way to do short-term mission work. The information below will prepare you for a life changing journey.

Macedonian will need the following:

- Application;
- Photocopy of your passport;

Medical personnel - photocopy of your medical license;

(Doctors and ARNP's, you will also need to mail in a photocopy of your license so you will be able to write prescriptions. Make sure your documents do not expire while you are overseas.)

### Here's how to get started....

#### APPLICATION

Print out a copy Macedonian's application. Fill out both sides, both front and back, and please **print clearly!** It also has to be notarized.

On the application, write your name as it appears on your passport. The name on an airline ticket **MUST** be the same as the name on the passport. This is very important!

If you do not have a passport, go ahead and fill out the application anyway. You can send the passport copy as soon as you receive it.

Application must be notarized. Remember to wait until you are before a notary before you sign it; a notary's job is to witness your signature. Make sure the notary puts his/her seal on it.

#### PASSPORT – how to apply....

The US Post Office has passport applications.

You will need a certified copy of your birth certificate. A state certified birth certificate has a raised state seal on the front of it. If you do not have this copy, you can easily obtain one; just Google "vital statistics \_\_\_\_\_" (type in the state where you were born.)

Two passport photos are also needed; the post office offers that service for a minimal fee.

If you take the passport application home to fill out make sure you **do not to sign it until** you are in the presence of the Passport Postal Worker. They are very strict about this.

It can take up to eight weeks to get a passport; that is why we ask you to go ahead and send in your application.

The Passport Website is [www.state.gov](http://www.state.gov) . Scroll down to Travel and click on Passport (U.S. Citizen)

When your passport arrives, the first thing you need to do is **sign it**. Then mail a good clear photocopy (not too dark) to the MMS office. **Remember to sign it first!**

### IMMUNIZATIONS

The teams usually work in small villages or rural areas. It is important that you have your immunizations up-to-date. The best thing to do is to call your local Health Department and/or your physician. Some vaccinations are a series of shots which may take at least 6-8 weeks before you may travel. The CDC (and Macedonian) usually recommend the following vaccines:

- Hepatitis A (a set of 3 shots);
  - Hepatitis B (a set of 3 shots);
- Tetanus, Typhoid and Diphtheria (all in one shot).

To contact the CDC click on the following link [www.cdc.gov](http://www.cdc.gov) and then click on Traveler's Health.

Mail the application to Macedonian, PO Box 756, Somerset, KY 42502, along with your deposit/payment, and photocopy of your passport and/or medical license. There could be an additional \$50.00 cost for applications received after the deadline date. Contact Kim with any questions you may have at 606-677-6683.

Macedonian Service Foundation, Inc., d/b/a, Macedonian Missionary Service, is a 501(C) 3, not for profit organization. Contributions are tax deductible as the law allows. Macedonian Missionary Service gives financial accountability to their local church and participants.



## APPLICATION & EMERGENCY INFORMATION

PO Box 68, Polk City, Florida 33868 \* 863-984-4060 Florida Office  
PO Box 756, Somerset, Kentucky 42502 \* 606-677-6683 Kentucky Office

1) Type of Trip: \_\_\_\_\_ Country \_\_\_\_\_ Date \_\_\_\_\_

2) Contact & Shipping Information:  
*Please Print All Information Requested Except Signature*

NAME \_\_\_\_\_  
**As Appears on Passport** First Middle Last

Mailing Address \_\_\_\_\_ Fed-Ex/UPS \_\_\_\_\_  
City State Zip Country Phone# \_\_\_\_\_  
Day# \_\_\_\_\_ Cell# \_\_\_\_\_  
Fax# \_\_\_\_\_ E-mail \_\_\_\_\_

<p>3) Passport Information:</p> <p>PASSPORT# _____</p> <p>Passport Authority/Agency _____ <b>(where it was issued)</b></p> <p>Date Issued _____</p> <p>Date of Expiration _____</p>	<p>4) Personal Information</p> <p>Place of Birth _____</p> <p>Gender _____</p> <p>Date of Birth _____</p> <p>Marital Status _____</p> <p>Name of Spouse _____</p>
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5) In the event of an Emergency Notify:

1st - \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Work# \_\_\_\_\_

2nd - \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Work# \_\_\_\_\_

Place of Employment \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

Work# \_\_\_\_\_

6) Please Check one or more:  MD; specialty in \_\_\_\_\_  ARNP/RNAP  RN  LPN  DMD  DA  DC  Translator

Evangelist (includes - Pastor, Sunday School Teacher, VBS Teacher/Helper, etc.)  Builder  Other - please specify \_\_\_\_\_

\*\*\*Please send a photo copy of your passport (clear, not to dark). Make sure you have signed it first! Those who are Medical please send a photo copy of a current medical license.

7) **Church Affiliation** - Name of church now attending with address; name of pastor and phone number.

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

**8) Shirt Sizes:**

For ordering purposes, please indicate size needed for a t-shirt/polo shirt:

\_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XLarge \_\_\_\_\_ XXLarge \_\_\_\_\_ Other Size Needed \_\_\_\_\_

**9) Medical Information & Notarization:**

TO WHOM IT MAY CONCERN,

This is to certify that I, \_\_\_\_\_, am taking the following medication(s):  
Name

Medication(s) I am allergic to: \_\_\_\_\_

My Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone# \_\_\_\_\_ Emergency# \_\_\_\_\_

**FURTHER**, that in case of an emergency whoever is in charge at the time will be permitted to authorize medical treatment.

**FURTHER**, that in case of an accident I will not hold the Macedonian Service Foundation, Inc., d/b/a Macedonian Missionary Service, or any other Co-Labor's whomsoever they maybe, personally liable for said accident.

**FURTHER**, that I understand that once I commit to go on a campaign/project and Macedonian M.S. has purchased my ticket, that I am responsible for the cost of the ticket, and any non-refundable hotel accommodations or deposits, should I elect not to go on the campaign/project.

**FURTHER**, that I take full responsibility for any medical expenses in the event of hospitalization or medical evacuation, whether it be through a personal credit card or my own personal insurance, that covers oversea medical emergency's (of which I will check on myself), or medical travel insurance.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public State at Large

SEAL