



Kentucky Office
500 Macedonian Way
PO Box 756
Somerset, KY 42502
Phone: 606-677-6683 • Fax: 606-677-2558

Florida Office
132 Commonwealth Blvd.
PO Box 68
Polk City, FL 33868
Phone: 863-984-4060 • Fax: 863-984-4505
www.macedonianms.org

1) Type of Trip: Medical ___ Building ___ MacTrip ___ Other ___

Country _____

Date of Trip _____

2) Contact & Shipping Information:

Please Print Clearly

As Appears on Passport

NAME _____
First Middle Last

Mailing Address _____

City State Zip County

Phone #

Day/Cell _____

Fax _____

E-Mail _____

3) Passport Information:

Passport expiration date cannot expire less than 6 months from the return date of the trip. **Note:** Please include a CLEAR copy of your passport with the application. Ensure your passport is signed with the name that appears on the passport.

4) Personal Information:

Place of Birth _____

Marital Status: Single ___ Married ___ Widowed ___ Name of Spouse _____

Gender: M ___ F ___

Date of Birth _____

5) In the event of an Emergency Notify:

Name _____ Relationship _____

Phone# _____

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 _____

Place of Employment _____

Address _____

Work# _____

***** Those who are Medical please send a photocopy 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 T-shirt size (**circle** only one):

Small Medium Large XLarge XXLarge Other _____

9) Medical Information:

TO WHOM IT MAY CONCERN,

This is to certify that I, _____, am taking the following medication(s):
(attach extra page if needed) Name

Allergies:

Are you allergic to any **medications**? ____ YES ____ NO; if yes please list _____

Are you allergic to any **foods**? ____ YES ____ NO; if yes please list _____

10) Liability and Responsibility Statement

By signing this application before a Notary Public, I acknowledge that I have read it, understand it, and agree with its contents.

I UNDERSTAND AND FREELY ACCEPT all health and safety risks that could occur while on this missionary trip and, generally and specifically, hold Macedonian Service Foundation, Inc., d/b/a Macedonian Missionary Service, its officers, agents, and employees, harmless from any liability or claims, including my death, diseases, or any physical, mental, or emotional problems, or any injuries, whatsoever, that I may sustain in relation to this campaign/project. Those risks could include terrorism, wars, acts of God (weather, earthquakes, volcanic eruptions, floods, etc.), criminal acts, delays, damages, loss of or damage to property, mechanical or construction failures, refusal of visas, or from any other cause beyond the direct control of Macedonian, its officers, agents, or employees.

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

FURTHER, that in the event of an accident, I will not hold Macedonian Missionary Service, or any of its agents, officers, or employees, personally liable for said accident.

FURTHER, I understand that, once I commit to go on a campaign/project and Macedonian Missionary Service has purchased my ticket, I am responsible for the cost of that ticket, and any non-refundable hotel accommodations or deposits, should I decide not to go. I understand that, in order to keep travel expenses low, Macedonian Missionary Service does not guarantee

that I will be on the most direct flights. The airlines, not Macedonian, choose the flight routes. Once the tickets are purchased, they are non-refundable and non-amendable. Macedonian cannot use individual frequent flyer points. Macedonian reserves the right to shorten or lengthen the itinerary accordingly, due to flight schedule changes made by the airline companies.

FURTHER, that I take full financial responsibility for any medical treatment for myself, in the event of my hospitalization or medical evacuation, and will pay with my personal credit card or my own personal health insurance that covers overseas medical emergencies, (which I will check on personally, well before departure time for the trip), or with medical travel insurance.

FURTHER, I understand that Macedonian Missionary Service is not responsible for any additional expenses, in the event that I am sent home due to any behavioral reasons acted out by me, on any campaign project.

MACEDONIAN SERVICE FOUNDATION, d/b/a MACEDONIAN MISSIONARY SERVICE

SIGNATURE

DATE

(If under 18 years of age parent or guardian signature required.)

Notarization *(This application must have a notary SEAL)*

STATE OF _____

COUNTY OF _____

Subscribed, sworn to and acknowledged before me by _____, the Applicant, who has read the above Application, understands it, and agrees with all terms and conditions herein, this the ____ day of _____, 20____.

My commission expires: _____

SEAL Required

SIGNATURE NOTARY PUBLIC, STATE AT LARGE

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 . 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 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.=