



**Kentucky Office**  
500 Macedonian Way  
PO Box 756  
Somerset, KY 42502  
Phone: 606-677-6683 • Fax: 606-677-2558  
**Florida Office**  
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 XL 2-XL 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, viruses including covid-19 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. If a COVID-19 Test is required for travel into or out of the USA, you will be responsible for getting the test within the regulated time period for travel.

**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 finances and 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 health or 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](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.