Missionary Trip with Lighthouse of Holiness

IMPORTANT INFO NEEDED

We would like to thank you for being faithful to the call of the Lord to participate in the harvest work with Lighthouse of Holiness in Matamoros, Mexico. We ask that you fill out the following information and send the form to our email or submit to the pastor or leader who is heading the work. You can always contact us at (956) 484-2089 or email us at lighthouseofholinessmissioninc@outlook.com or visit our website at www.lighthouseofholiness.com. Please read the "10 Statements of belief" and "Conduct for Workers."

(Name of Worker) PLEASE PRINT

Cell: E-mail:

WORKER'S TESTIMONY:

Have you been saved from sin? Yes ☐ No ☐

Have you been sanctified or are you seeking sanctification? Yes ☐ No ☐

Pastor/Professor/Leader who knows you well: Cell:

What gifts do you have for ministry?

HEALTH INFO:

Date of Birth:

Allergies (please include food allergies):

Conditions requiring special consideration (medical/physical):

Do you require: (A) **Epipen** Yes ☐ No ☐ (B) **Inhaler** Yes ☐ No ☐ (C) **List medication currently taking:**

THIS INFORMATION WILL REMAIN CONFIDENTIAL

Primary contact name Relationship to worker:

Phone #: Work Phone #: Cell Phone/Pager #:

Secondary contact name Relationship to worker:

Phone #: Work Phone #: Cell Phone/Pager #:

Worker's physician: Phone #:

Worker's dentist: Phone #:

Doctors are available in Mexico to treat any minor injuries or illnesses. This is included in overall cost for group mission trips (not individuals). In case of major injury or illness, all workers will be provided with an ambulance to the border where an ambulance from the US will be made available. Health costs in the US will be the responsibility of the worker. I, _____, assume all risks associated with a mission trip to Mexico, including travel, construction/ministry activities, and criminal activity, and agree to hold Lighthouse of Holiness Mission Inc. harmless from any liability.

HEALTH INSURRANCE INFO (IF AVAILABLE):

Company Name: Policy #: Group #:

I TESTIFY THAT ALL THE INFORMATION I HAVE FILLED OUT IS ACCURATE AND I AM IN AGREEMENT WITH ALLTHAT IS WRITTEN. I HAVE ALSO READ THE LIGHTHOUSE OF HOLINESS "10 STATEMENTS OF BELIEF" AND "CONDUCT FOR WORKERS" AND CONSENT TO TEACH NOTHING THAT IS IN CONTRADICTION TO THE DOCTRINES OF LIGHTHOUSE OF HOLINESS AND WILL ABIDE BY THEIR RULES IN MEXICO.

Worker´s signature: Date: