

2009 EFC Taiwan Short Term Mission Registration Form

Application Form

Date : _____

Name	Passport : Chinese Characters :	Gender	F <input type="checkbox"/> M <input type="checkbox"/>	Photo	
Date of Birth		Passport Number			
Church		Occupation			
School / Major					
Address					
Tel/ Fax	(T) (F)		Email		
Emergency contact	Name :	Phone number :	Relation:		
Language Ability		Mandarin	Taiwanese	English	Others : _____
	Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Read & Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in TSTM (Taiwan Short Term Mission)? If yes, please note which year and attend which church in Taiwan.				<input type="checkbox"/> No <input type="checkbox"/> Yes, Year _____, with _____ (church name)	
Special Skills	<input type="checkbox"/> Music <input type="checkbox"/> Drama <input type="checkbox"/> Art <input type="checkbox"/> Others : _____ <input type="checkbox"/> Computer <input type="checkbox"/> Story-Telling <input type="checkbox"/> Instruments _____				
Service Experience	<input type="checkbox"/> Preaching <input type="checkbox"/> Teaching Sunday School <input type="checkbox"/> Small Group Leader <input type="checkbox"/> Counseling <input type="checkbox"/> Leading Bible Study <input type="checkbox"/> Leading Workshop <input type="checkbox"/> Worship/ Song Leader <input type="checkbox"/> Translation(English→Mandarin or Mandarin→English) <input type="checkbox"/> Other _____				
Brief Introduction of yourself					
Special Need	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Allergy _____ <input type="checkbox"/> Others _____				
Parent Endorse (For age under 18)			Applicant Sign		
Local Church Endorse					

* Please fill it out and give it to your church pastor or send directly to EFCGA 9382 Telstar Ave., El Monte, CA 91731

* Fax: 626-572-6637

2009 EFC Taiwan Short Term Mission Health Agreement and Liability Release Form

Parents and Participants: This form is MANDATORY for participation. Please read it carefully and sign where indicated. Participants' over 18 years of age do not require parental consent but we still need this completed form on file.

Participant's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State/County/Country: _____ Zip: _____

E-mail Address: _____

In case of emergency, notify: _____ Phone: (____) _____

Health Statement:

Is the participant currently under treatment for a medical condition? Yes / No

If yes, please describe: _____

Has the participant been under treatment for a medical condition in the past? Yes / No

If yes, please describe: _____

List all medications the participant is currently taking: _____

List any known allergies to medication: _____

Parental Consent:

I, _____ (name of parent/guardian) give permission for the EFC Taiwan Short Term Mission Camp staff and its affiliates to act in my behalf to approve appropriate medical treatment for my son/daughter/participant _____ should an emergency medical treatment be necessary and will make any necessary financial reimbursements.

I _____ the participant, am of lawful age and legally competent to sign this Medical Release.

I understand that the terms herein are contractual and are not a mere recital; and that I have signed this document as my own free act. I agree to release and hold harmless the EFC Taiwan Short Term Mission Camp staff and its affiliates from any liability for decisions made pursuant to their authorization.

I have fully informed myself of the contents of the Medical Release by reading it and that the medical and insurance information I give below is accurate.

Health Insurance Carrier: _____ Policy #: _____

Policy Holder's Name: _____ Doctor's Name: _____

Parent / Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____