

TEAM MEMBER APPLICATION

Leon, Nicaragua ♦ April 20-26, 2010

Email Form: Send this form to MSI electronically by saving it to your computer, entering your info, and then attaching it to an email addressed to jane@mikesilva.org

-OR-

Mail form: If filling out manually, please print legibly with black or blue ink and mail to:
Mike Silva International, PO Box 8808, Portland, OR 97207

**Personal
Information**

Full Name (as appears on driver's license or passport): _____

Preferred Name: _____

Date of birth: ____/____/____ Gender: M / F (Circle)

Mailing address: _____

City, State, Zip: _____

Home phone: (____) _____ Cell phone: (____) _____ Work phone: (____) _____

Email Address : _____ Marital Status : _____

T-shirt size (unisex adult sizes – please select): S M L XL 2XL

Do you have a current passport? Yes No If yes, when does it expire? ____/____/____

Country of citizenship _____ Current passport # _____

**Emergency
Information**

Are any family members traveling with you on this trip? If so, whom and how are you related?

Y N _____

Emergency Contact: _____

Relationship: _____

Phone Number (Home): _____ Phone Number (Cell): _____

**General
Health**

Do you have any medical conditions that we need to be aware of?

Medication - Please list all medications you are currently taking. None

Allergies - Specify any allergies to medications, foods, etc., and describe reactions. None

Is there any reason you cannot tolerate any of the following?

Rigorous Outdoor Activity

High Temperatures

Long Travel Times (e.g. red-eye flights, long layovers, etc.)

Please Explain: _____

Experience
and Skills

Occupation:

Languages spoken besides English:

Medical Training (if applicable):

Please list talents and/or special gifts (i.e. music, construction, etc.)

Please list previous or current professional experience (if applicable):

Personal
Questions

Why do you desire to serve on this team?

What concerns or reservations, if any, do you have about this trip?

What do you personally want to learn or accomplish on this trip?

Finances

The total cost of the trip per person is \$2,000.

A \$100 non-refundable deposit is due at the time of registration (by November 15, 2009)
(You can make this deposit online or by mail. Make checks payable to Mike Silva International)

The next payment of \$950 is due by January 15, 2010.

The final payment of \$950 is due by March 26, 2010.

All payments are to be made online or sent to:

Mike Silva International
PO Box 8808
Portland, OR 97207



The cost includes: airfare, lodging, food, transportation, laundry, interpreters, trip insurance, and professional quality DVD. It does not include anything necessary to prepare for the trip (vaccinations, passport, etc.). It does not include food purchased in transit or any personal purchases.

Signatures

Legal Waiver

I am aware that all positions are voluntary, without financial remuneration. I agree to abide by all present and subsequent issued rules of Mike Silva International (MSI). I clearly understand that raising all expenses will be my responsibility. I further agree that MSI has the right to discontinue my ministry through MSI at any time at its sole discretion.

I recognize that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor and/or administrator, releasing and forever discharging MSI and all its officers, agents, servants, and employees, acting officially or otherwise, from any and all reason of injury, damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others while with this organization and/or on this mission trip.

I authorize the staff and representatives of MSI to render or obtain emergency medical and/or dental treatment should any injury, harm or accident occur to me while participating in this mission trip.

Furthermore, I realize all contributions to MSI are tax-deductible. Contributions are non-refundable in the event that the applicant chooses not to participate in the program. The financial disbursement of these funds is at the discretion of MSI. Funds given in excess of the individual's program cost cannot be returned but will be used to further the ministries of MSI.

I have read the above and understand my commitment to participate and my financial commitment.

Signature _____ Date ____/____/____

Signature of Guardian (*if under 18*) _____ Date ____/____/____

Authorization: The information I have given Mike Silva International is accurate and true to the best of my knowledge. I also give MSI the right to use my picture, voice and/or testimony in any form of promotional advertising materials. My enclosed signature (and signature of my parent/legal guardian if I am under the age of 18) signifies authorization.

Signature: _____ Date: ____/____/____

Signature of Legal Guardian (*if under 18*) _____ Date: ____/____/____