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| **HAF Application for Short-Term Missions-UPDATE****(For use by persons who have previously been on an HAF mission trip.)** |
| Trip Dates: | Departure City: |
| Name (as it appears on your passport): |
| Passport Number: | Expiration Date: |
| Date of Birth: | Occupation: |
| Address: | City/State/Zip: |
| Primary Phone: | Alternate Phone: |
| E-Mail address: |
| Gender: Male\_\_\_\_ Female\_\_\_\_ | Marital Status: |
| Do you desire to purchase an HAF T-shirt ($14)? Yes\_\_\_ No\_\_\_ | T-Shirt Size: |
|  |
| **Emergency Contact**: Name: | Relationship: |
|  Primary Phone Number: | Alt Phone Number: |
| Emergency contact’s e-mail:  |  |
|  |
| ***NOTE: Fill in below information only if changed since last HAF mission trip.*** |
| **General Health Information** |
| What is the general state of your health? |
| Known allergies:  |
| Do you have health-related problems in the following areas?Blood Pressure\_\_\_\_ Diabetes\_\_\_\_ Heart\_\_\_\_ Lungs\_\_\_\_\_\_\_ Walking\_\_\_\_\_\_\_ |
| Other (specify): |
| Is there anything else we should know about your health and/or physical limitations? |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |