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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |