



Application Form Missions Trip 2026

TO BE COMPLETED AND SUBMITTED WITH REGISTRATION FEE

Please answer all questions – Print clearly

Application Due by Dec 14th, 2025

Option 1

I would like to go on the trip to Lima, Peru from Feb 21st - Mar 1st , 2026 _____

Option 2

I would like to go on the trip to Lima, Peru from Feb 21st – Mar 5th , 2026 _____

NAME _____ AGE _____ GENDER _____

PHONE () _____ - _____

ADDRESS _____

CITY _____

PROVINCE _____ POSTAL CODE _____

EMAIL _____

DATE OF BIRTH (d/m/y) _____/_____/_____

PASSPORT NUMBER _____ **(please include a copy of the passport's information page)**

CHURCH AFFILIATION _____

PASTOR'S NAME _____

Do you give iProjects permission to contact your pastor regarding this application?

YES ____ NO ____

OCCUPATION _____

WILL THIS BE YOUR FIRST MISSION TRIP EXPERIENCE? YES ____ NO ____

IF NO, WHERE HAVE YOU BEEN AND WITH WHAT GROUP/ORGANIZATION?

-
-

Section A: Getting to know you! (Please complete only if this is your first missions experience with Isaiah Projects)

(Please note that acceptance on the team is not based on the answers to these questions)

ARE YOU A CHRISTIAN? YES / NO

IF YES, HOW LONG HAVE YOU BEEN A CHRISTIAN? _____

BRIEFLY DESCRIBE YOUR FAITH JOURNEY.

WHY DO YOU WANT TO GO ON A MISSION TRIP?

DO YOU HAVE ANY SPECIAL TALENTS OR EXPERIENCES THAT WE CAN DRAW ON DURING THIS TRIP?

Section B (to be completed by everyone)

PHYSICAL INFORMATION

Due to the nature of any mission trip, we need to be aware of any health concerns that might inhibit your ability to go on this ministry outreach. Please answer all questions below regarding your health:

HEALTH CARD NUMBER _____

ALLERGIES (natural or medical)

ARE YOU PRESENTLY UNDER MEDICAL SUPERVISION? YES _____ NO _____ (If yes please describe)

ARE YOU PRESENTLY TAKING MEDICATION? YES _____ NO _____ (If yes please describe)

ARE ALL YOUR BOOSTER SHOTS UP TO DATE? (Tetanus, Diphtheria etc.)

YES _____ NO _____

WOULD YOU CONSIDER YOURSELF TO BE IN GOOD HEALTH?

YES _____ NO _____ (If "no" please explain) _____

Please note that no vaccinations are required for travel to Lima.

DO YOU HAVE ANY DIETARY RESTRICTIONS WE NEED TO BE AWARE OF?

IS THERE ANYTHING ELSE WE SHOULD KNOW? *(Please make any additional comments regarding your health – physically, emotionally, and mentally)*

EMERGENCY CONTACT:

NAME: _____

PHONE () _____ - _____

ADDRESS:

RELATIONSHIP TO APPLICANT _____

FAMILY DOCTOR'S NAME _____

PHONE () _____ - _____

ADDRESS:

Consent for Treatment, Liability & Commitment to Policy

I hereby release iProjects, its board of directors, staff, volunteers, assistants and co-coordinators from any and all liability whatsoever, arising out of any injury, damage or loss which may be sustained by the stated person during or as a result of the involvement with iProjects and its mission programs.

I hereby agree to such treatment, anesthetic, and operations as in the opinion of the attending physician and the mission's team leader are deemed necessary for the named person.

I have completed all portions of this application, and if accepted I acknowledge and commit to abide by all policies and procedures pertaining to iProjects mission teams as written in the Missions Information Package, fully understanding that if for any reason I do not, I could be excused from the team prior to the trip or asked to go home at my own expense if on the trip.

APPLICANT: _____ Date _____
(Signature)

(Printed)

WITNESS _____ Date _____
(Signature)

(Printed)

Please return application form, donation, and a copy of your passport information page to Alan Garrett A.S.A.P. you can email a copy of this information to alan@isaiahprojects.com