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Trip Application

Full Name as Shown on Passport: _____

Current Address: _____

City/State/Zip: _____

Home Phone:_(____)_____ Cell:_(____)_____

SS#: _____

Passport#: _____

Birth Date:_____

Any Known Medical Condition or Allergies: _____

Code - of - Conduct

As an AHM team member I realize the important role I play as an example to those in the United States and abroad. I understand that I represent not only my local church, but also Autumn Hope Ministries, and most importantly our Lord Jesus Christ.

I understand that I must totally abstain from alcohol, tobacco and controlled substance use, and/or abuse. In respect to God, my church, Autumn Hope Ministries, and the national church I will be ministering with, I will refrain from: (please initial each)

_____ The purchase and or use of any kind of alcoholic beverage.

_____ The purchase and/or use of any tobacco products.*

_____ The purchase and/or use of any other controlled substance.

(Does not include the use of medications, as prescribed by a doctor, or the use of necessary over-the-counter medications such as aspirin, Tylenol, Pepto-Bismol, etc.)

I _____, have read and understood the above policy. I promise to forego my personal convictions on the subject in order to maintain unity and to avoid controversy in the Body of Christ.

Signed: _____ Date:_____

Pastoral Approval

To be signed by applicants pastor

I hereby certify that I know this applicant and he/she is in good standing with our local church. I have no known reason to believe he/she is incapable of handling the demands of volunteer mission work.

Signed:_____ Date: _____