



**Ukrainian Orthodox Church of the USA**  
**Office of Missions and Christian Charity**  
**Children of Chernobyl Relief and Development Fund**

**Missionary Trip to Ukraine 2010/2011 Celebrating the Life of St. Nicholas**

**APPLICATION**

**Applicants must be at least 18 years of age .**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Email \_\_\_\_\_

Parish Name \_\_\_\_\_

Parish Address \_\_\_\_\_

Spiritual Father Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you ever participated in a missionary trip? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where, when and with what organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you traveled to Ukraine before? \_\_\_\_\_ Do you speak Ukrainian? \_\_\_\_\_

Do you speak any other languages? If yes, which ones? \_\_\_\_\_

\_\_\_\_\_

Do you have any medical or physical therapy training? \_\_\_\_\_

If yes, please explain:

Are you First Aid/CPR certified? Yes \_\_\_\_\_ No \_\_\_\_\_



Ukrainian Orthodox Church of USA  
Mission Trip to Ukraine  
Medical Form

The following information is private and only the appropriate parties will have access to the information.  
Please check if you have been treated for any of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Epilepsy or other Neurological problems  |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Eye Problems, glasses, contacts (circle) |
| <input type="checkbox"/> Heart Ailments      | <input type="checkbox"/> Lung Problems                            |
| <input type="checkbox"/> Liver Problems      | <input type="checkbox"/> Thyroid Problems                         |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Skin Disease                             |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hernia                                   |
| <input type="checkbox"/> Kidney Problems     | <input type="checkbox"/> Pilonidal cyst                           |
| <input type="checkbox"/> Back Problems       | <input type="checkbox"/> Alcoholism                               |
| <input type="checkbox"/> Contact Lenses      | <input type="checkbox"/> Drug Abuse                               |

Do you need special medical or dental services? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what services? \_\_\_\_\_

Are you currently taking any required medication? If yes, what, and what dosage? \_\_\_\_\_  
\_\_\_\_\_

Have you ever had psychological counseling or therapy? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please List \_\_\_\_\_

Have you ever been hospitalized for a psychological problem? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please List \_\_\_\_\_

Are you allergic to any medicines e.g. Penicillin, sufa, etc? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please List \_\_\_\_\_

Are you allergic to any foods? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please List \_\_\_\_\_

Are you allergic to insect stings, animals or plants? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please List \_\_\_\_\_

Have you had any major surgeries? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please List \_\_\_\_\_

IMMUNIZATIONS AND DATES - Please fill in all dates—"Up to Date" does not qualify.

- |                         |                     |
|-------------------------|---------------------|
| _____ Cholera           | _____ Yellow Fever  |
| _____ Diphtheria        | _____ Polio         |
| _____ Measles (rubella) | _____ Tetanus       |
| _____ Mumps             | _____ Typhoid Fever |

Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ Policy Dates \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Waiver of Liability and Assumption of Risk  
For Missionary Trip to Ukraine

I am volunteering to take part in the December 21-30, 2010 goodwill mission to orphanages in Ukraine cosponsored by the Ukrainian Orthodox Church of the USA and the Children of Chernobyl Relief and Development Fund. I understand that the living conditions at the orphanages are quite primitive and that travel in the Ukrainian countryside can be hazardous due to the poor maintenance of roads and other factors. I also understand that most of the children at both orphanages are severely disabled, that many of them suffer from severe birth defects, disfigurements, and infectious diseases. I believe that I have the requisite strength of character, sufficient maturity, personal resolve and psychological resiliency to confront these conditions without suffering personal trauma or emotional distress.

I realize the CCRDF and the UOC of the USA have little or no control over the inherently hazardous conditions that I may encounter en route, or on site at the orphanages, and I assume any and all risks involved in this humanitarian mission. In the event of injury or illness, I will hold harmless the Ukrainian Orthodox Church of the USA, Children of Chernobyl Relief and Development Fund, UOC Office of Mission and Christian Charities, their Hierarchs, boards of directors, mission team leaders, and staff and waive any claims to financial damages or compensation for any harm that I may suffer in the course of this mission. I also assume personal responsibility for any immunizations, prescription medications or health precautions that may be prudent to reduce the risk of illness or injury during overseas travel.

Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Statement of Responsibility

I attest that all the information provided in this application is accurate and true to the best of my knowledge. I understand that this is a voluntary mission and I am responsible for raising all expenses that will be incurred for the trip. I also understand that this is a mission trip of Orthodox Christians and I will conduct myself during the trip in a manner befitting an Orthodox Christian laboring on behalf of our Lord and Savior Jesus Christ.

Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_