

UKRAINIAN ORTHODOX CHURCH OF THE USA

Office of Missions and Christian Charit

Missionary Trip to Ukraine 2008: 21-28 December, 2008

APPLICATION

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 travelled 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 _____

Please check areas in which you have experience:

Cooking _____ Camp Counselor _____

Carpentry _____ Sunday School _____

Electrical _____ Teacher _____

Masonry _____ Retreat Leader _____

Painting _____ Public Speaking _____

Plumbing _____ Political Volunteer _____

Custodial _____ Charitable Volunteer _____

Other _____

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:

- Asthma Epilepsy or other Neurological problems
 Diabetes Eye Problems, glasses, contacts (circle)
 Heart Ailments Lung Problems
 Liver Problems Thyroid Problems
 Cancer Skin Disease
 High Blood Pressure Hernia
 Kidney Problems Pilonidal cyst
 Back Problems Alcoholism
 Contact Lenses 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, sulfa, 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 21-28, 2008 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 _____