



PERSONAL AND MEDICAL INFORMATION FOR VOLUNTEERS

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email Address _____ Occupation _____

Marital Status _____ Spouse's Name _____

Location of Trip _____ Dates of Trip _____ Shirt Size _____

Name Exactly As it Appears on Passport _____

Passport # _____ Country of Citizenship _____ Date of Birth _____

Medical Information

1. Information about any prescriptions I use:

2. I am allergic to: _____

3. My health insurance company is _____

Policy Number _____

4. Please provide other helpful health information, physical limitations, or concerns:

5. I consider myself healthy enough to fulfill my responsibilities on the mission team.

Yes No

Consent

I, _____ give permission for: myself (if over 18) son daughter to receive emergency medical attention from a physician in the event of illness or injury.

Signed _____ Date _____

Trip Insurance Information

Finish the Wall, Inc. will provide secondary accident and injury insurance for each volunteer during the mission trip. The following information is needed to secure this insurance:

Beneficiary Full Name _____ Relationship to Beneficiary _____

