

Metro Boston Invasion Application

*“Building Bridges of
Hope and Healing”*



What are the dates of the trip you are coming on? _____

Full Name _____

Address _____

Phone _____ City _____ St _____ Zip _____

Email _____

Age _____ Male ___ Female ___ Height _____ Weight _____

T-Shirt Size (circle one) **YL S M L XL XXL**

Can you speak Spanish well enough to have a conversation? YES NO

When did you commit to follow Jesus? _____

Have you ever been on a mission trip, if yes please list _____

Can you play any musical instruments or sing _____

Will you submit to the leadership on this trip including your team leaders and all Metro Boston leadership? _____

Application, continued

Do you have any physical limitations to participating in AIM activities? _____

(Parental information needed if applicant is under 18)

Father (or legal guardian, if applicable) _____

Address _____ City _____ State _____ Zip _____

Mother _____

Address _____ City _____ State _____ Zip _____

In case of emergency, contact: _____

Phone () _____ Mobile () _____

Address _____

Relationship _____

Health Information

1. Are you in good physical health? Yes No If no, explain.

2. Do you have any physical handicaps? Yes No If yes, explain.

4. Do you have any known allergies? Yes No If yes, explain.

5. Are you currently taking medications? Yes No If yes, please list.

TO THE AIMER

I have read this application in its entirety, and can affirm all that is within to be true and correct. IN CASE OF EMERGENCY, I hereby give my consent for the administration of any treatment deemed necessary by the appropriate licensed physician or dentist or emergency personnel.

Signed _____ Date _____

TO THE PARENTS (if student is under 18)

I have read this application (with my child's responses) in its entirety, and can affirm all that is within to be true and correct. After giving serious thought to my child's involvement, I give my consent to his/her being involved. IN CASE OF EMERGENCY, I hereby give my consent for the administration of any treatment deemed necessary by the appropriate licensed physician or dentist or emergency personnel. IN CASE OF EMERGENCY, I hereby give my consent for the administration of any treatment deemed necessary by the appropriate licensed physician or dentist or emergency personnel.

Signed _____ Date _____

