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**Trip Dates: July 11th-22nd, 2024**

**Corumbá/Ladário, Mato Grosso do Sul BRAZIL**

**TEAM MEMBER DATA INFORMATION FORM 2024**

**Last Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle:** **\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:** **\_\_\_\_\_\_\_\_\_ Zip:** **\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone:** (**\_\_\_\_\_**) **\_\_\_\_\_\_\_-** **\_\_\_\_\_\_\_**  **Cell:** (**\_\_\_\_\_**) **\_\_\_\_\_\_\_- \_\_\_\_\_\_\_**  **Work:** (**\_\_\_\_\_)** **\_\_\_\_\_\_- \_\_\_\_\_\_\_\_**

**Email Address:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number:** (**\_\_\_\_\_**) **\_\_\_\_\_\_\_- \_\_\_\_\_\_\_**

**Marital Status:** (S/M/D/W) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Birth:** (day/month/year) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area of Work on Team:** (Circle ALL that apply) = **Medical/Dental/Eye; Children & Backyard Bible Club Activities; Evangelism; Sports; Construction; Men and Women Groups; Preaching/Teaching/Discipleship; Lay –Led Revival and Speaking Opportunities; Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do You Have a Passport?** **YES \_\_\_\_\_\_\_**  **NO \_\_\_\_\_**  **Date Issued: \_\_\_\_\_\_\_\_\_\_ Date Expires: \_\_\_\_\_\_\_\_\_\_\_**

**Passport Number:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Issued by:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete Passport Name (exactly as in your passport:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do You Have a Brazilian Visa?** **Yes \_\_\_\_\_\_** **No \_\_\_\_\_\_\_**  **Do You a Bolivian Visa?** **Yes \_\_\_\_\_\_\_** **No \_\_\_\_\_\_\_\_\_**

**Visa Number: \_\_\_\_\_\_\_\_\_\_\_\_ Issued:** **\_\_\_\_\_\_** **Expires: \_\_\_\_\_\_**  **Visa Number: \_\_\_\_\_\_\_\_\_\_ Issued: \_\_\_\_ Expires:** **\_\_\_\_\_\_**

**Date of last Tetanus Shot:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Last Yellow Fever Shot:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where done: (PCP or Health Department or Other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSURANCE BENEFICIARY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Home Church:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Persons: Check = ( ) MD ( ) DDS ( ) RPh, PharmD, Pharm Tec ( ) PA, NP ( ) RN, LPN, CNA, EMT**

**( ) Helper ( ) Other area or specialty – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your Medical License or Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Expires: \_\_\_\_\_\_\_\_\_\_\_\_**

**Special Note: GEM will need a current and active copy of your medical license and certificates (not expired) from each medical team member. These will be sent to the appropriate Brazilian entities and medical authorities so that official invitations and approvals can be granted for our team and trip dates. Please get these to your team leader or GEM as soon as possible!!!**

**TEAM LEADER: What is the status of the person completing the form? ( ) Praying ( ) Interested ( ) Committed**

**Date Form Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Form Sent to GEM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**