



**SOS TRIP APPLICATION FORM** rev 1-4-12  
MISSION YEAR \_\_\_\_\_

**SUBMIT THIS FORM TO:** 5731 Wanakah Dr. 77069  
e-mail [sosconniesos@yahoo.com](mailto:sosconniesos@yahoo.com)

**EXACT NAME AS PRINTED** on Passport: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

NAME you like to go by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ If retired, previous occupation \_\_\_\_\_

Do you wish SOS to book your flight with the team's Group Reservations? Yes \_\_\_\_\_ No \_\_\_\_\_  
If 'no', then will you will making your own flight arrangements? Yes \_\_\_\_\_ No \_\_\_\_\_

**TRIP SELECTION:** Indicate which trip you are interested in below:

- Faith Sharing Team       Vision Screening Team       Vision Surgical Team

Name of parish registered in: \_\_\_\_\_

Are you able to serve as a Spanish Translator? \_\_\_Yes \_\_\_No

Are you CPR qualified? \_\_\_Yes \_\_\_No If yes, what year? \_\_\_\_\_

Have you taken the Archdiocesan Virtus Training? \_\_\_Yes \_\_\_No If yes, what year? \_\_\_\_\_

**MEDICAL INFORMATION:** *All information is kept confidential!* Use Back of Form if Necessary.

Do you have Health Insurance: \_\_\_Yes \_\_\_No

Any major illness during the past year? \_\_\_Yes \_\_\_No If yes, briefly describe \_\_\_\_\_

Do you take medication regularly? \_\_\_Yes \_\_\_No If yes, name and dosage please \_\_\_\_\_

Are you allergic to any MEDICINE, FOOD, INSECTS or have any other allergies? \_\_\_Yes \_\_\_No

If yes to ANY of these, please specify. \_\_\_\_\_

**CAUTION!** If you have any health problems that would be aggravated by high altitude, bumpy roads, please consult your Doctor. We will be traveling and working at an altitude of 6-7000 ft. We might be required to walk a lot and at an incline. *Medical help is not quickly available.*

- YOU MUST HAVE A PASSPORT. Allow 6 weeks to obtain one.
- YOU MUST HAVE A CURRENT TETANUS SHOT and [HEPATITIS B series if medical personnel]
- YOU MUST ATTEND ALL TEAM FORMATION MEETINGS
- It is recommended but not required to have a Hepatitis A series of two injections given 6 months apart. For protection the first one must be given 5 weeks before departure.
- No smoking or consuming alcoholic beverages permitted at any time while on mission.**