



# S.O.S. TRIP APPLICATION FORM

**SUBMIT THIS FORM TO:** S.O.S. 5731 Wanakah Dr. Houston, 77069  
e-mail [sosconniesos@yahoo.com](mailto:sosconniesos@yahoo.com) Fax 281-440-7675

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

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

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

**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 you will be responsible for making your own flight arrangements.

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

- Faith Sharing Team**
- Vision Screening Team**
- Surgical Team**

Please identify your parish or faith community affiliation: \_\_\_\_\_

**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:** \_\_\_Yes \_\_\_No **Have you had any major illness or surgery during the past year OR have any chronic medical condition such as diabetes, back, neck, heart problems, etc that could restrict certain activities?**

If yes, please identify \_\_\_\_\_

**CAUTION!** If you have any of the above health problems or others that could 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.***

**Placing initials below indicate you understand and will comply with each requirement listed below.**

- \_\_\_ **YOU MUST have a PASSPORT.** Allow 6 weeks to obtain one.
- \_\_\_ **YOU MUST have MEDICAL / ACCIDENT INSURANCE or PURCHASE temporary insurance to cover mission trip dates**
- \_\_\_ **YOU MUST ATTEND YOUR DESIGNATED TEAM FORMATION MEETINGS**
- \_\_\_ **YOU MUST HAVE A CURRENT TETANUS SHOT**
- \_\_\_ **Smoking or alcoholic beverages are NOT permitted at any time while on mission until return to U.S.A.**
- \_\_\_ **It is recommended but not required to have a HEPATITIS A series of two injections given 6 months apart.** The first one must be at least 5 weeks before departure. Surgical Team members must have a HEPATITIS B series.