

**Next Generation Mission, Inc.**  
**Staff and Intern Registration Form**



MINISTRY OFFICE  
Phoenix, AZ 85086  
M 623.512.2438  
richard@nextgenmission.org

ADMINISTRATIVE OFFICE  
PO Box 4007  
Hopkins MN 55343  
shelley@nextgenmission.org

www.nextgenmission.org

Name \_\_\_\_\_  
Legal Name (if different) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
Email \_\_\_\_\_ Birth Date \_\_\_\_\_  
Citizenship \_\_\_\_\_ Passport Number \_\_\_\_\_  
Trip Dates \_\_\_\_\_ Ministry Country \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Is this your first trip with NGM? Y      N

Preferred Contact Method Phone Facebook Email Text

**PLEASE RETURN THIS FORM AND THE DEPOSIT (non-refundable) TO  
OUR ADMINISTRATIVE OFFICE**

Are you aware of any physical conditions or limitations that could present a problem during the trip? If yes, please explain: \_\_\_\_\_

List an allergies or recent illnesses Next Generation Mission should be aware of: \_\_\_\_\_

Are you taking any prescribed medication? If so, what? \_\_\_\_\_

Year of your last tetanus shot (emergency care will give one if a shot has not been administered in the last ten years): \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy holder \_\_\_\_\_

Policy number \_\_\_\_\_

**Liability Release:** I understand there are inherent risks in any ministry trip and I hereby release Next Generation Mission, Inc., its staff, agents, and volunteer workers from any and all liability for injury, loss, or damage to person or property that may occur during involvement of this trip. \_\_\_\_\_

**Agreement to Transport Home:** I consent to the Next Generation Mission trip and understand that occasionally a team member must be returned home as the result of medical issues and/or discipline problems. I understand that I am dismissed from the ministry site, I will be transported home at my expense. \_\_\_\_\_

**Medical Release:** I hereby authorize and give my consent to the health officials of the Next Generation Mission Team to arrange for any necessary emergency, medical, or surgical treatment on my behalf. This authorization is intended to cover immunizations, injections, and minor operations and procedures. I understand that the Next Generation Mission officials and/or youth workers will attempt to contact parents/guardians for team members under 18 before relying on this authorization. It is not intended that any medical or surgical treatment be rendered without my personal consent. \_\_\_\_\_

I have read and understand the Medical and Liability Releases and Agreement to Transport Home clauses of this application

Team Member Signature: \_\_\_\_\_

Parent/Guardian Signature  
(for those under 18 years of age): \_\_\_\_\_