

PASSPORT



Engineering Ministries International



OUR MISSION

“To use our talents as design professionals to minister to the less fortunate in developing nations. We proclaim the Gospel of Jesus by helping others change their world through the development of hospitals, schools, orphanages, bridges, water supplies, electricity and more. Our commitment is to enrich the lives of those who give and those who receive.”

“Your people will rebuild the ancient ruins and will raise up the age-old foundations; you will be called Repairer of Broken Walls, Restorer of Streets with Dwellings.”

Isaiah 58:12 • 以賽亞書五十八章十二節 • Isaias 58:12 • यशायाह ५८:१२ • يسعياہ ٥٨:١٢

SIGNATURE | _____ **DATE** | _____

1

EMI ID | _____ **TYPE** | _____

SURNAME | _____

GIVEN NAMES | _____

DATE OF BIRTH | _____ **SEX** | _____

MARITAL STATUS | _____

NATIONALITY(S) | _____

PASSPORT NO. | _____

EXP. DATE | _____

POSTAL ADDRESS | _____

CITY | _____ **STATE / PROVINCE** | _____

POSTAL CODE | _____ **COUNTRY** | _____

EMAIL 1 | _____ **EMAIL 2** | _____

TELEPHONE 1 | **COUNTRY CODE** | _____ **NO.** | _____ **TYPE** | _____

TELEPHONE 2 | **COUNTRY CODE** | _____ **NO.** | _____ **TYPE** | _____

*click to insert
1.5" x 1.5" photo here
(200 KB max.)*

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NOTES |

- 1 | An up-to-date version of Adobe Reader is recommended for form completion. *click here to download*
- 2 | Kindly keep your EMI Passport information up-to-date.
- 3 | Submit your EMI Passport to be considered for joining an EMI program or project team.
- 4 | An up-to-date passport is a requirement for committing to join an EMI program or project team.
- 5 | This document is for EMI purposes only and is not a valid ID.

EMERGENCY CONTACT INFORMATION |

FULL NAME | _____

RELATIONSHIP | _____

PHONE 1 | COUNTRY CODE | _____ NO. | _____

PHONE 2 | COUNTRY CODE | _____ NO. | _____

EMAIL ID | _____

POSTAL ADDRESS | _____

STATE / PROVINCE | _____

POSTAL CODE | _____

COUNTRY | _____

In an emergency situation, communication is important for a smooth process.
EMI will strive for the best possible outcome.

PROFESSIONAL BACKGROUND |

1 | _____ YRS. EXP | _____

DEGREE | _____

LICENSE(S) / REGISTRATION(S) | _____

SPECIALIZATION | _____

2 | _____ YRS. EXP | _____

SPECIALIZATION | _____

3 | _____ YRS. EXP | _____

SPECIALIZATION | _____

PREVIOUS EMI PROJECT TRIPS |

HOW I HEARD ABOUT EMI | _____

COMMENTS | _____

LANGUAGES | _____

1 | _____ (NATIVE LANGUAGE)

2 | _____ LEVEL | _____

3 | _____ LEVEL | _____

ENDORSEMENTS & OBSERVATIONS |

飛航資料

AIR DEPARTURES صالح

NEAREST AIRPORT: _____
 FREQUENT FLIER PROGRAM: _____
 # _____
 I PLAN TO REDEEM MILES: 206 206



AWARD ITINERARIES MUST BE APPROVED BY EMI BEFORE TRAVEL ARRANGEMENTS ARE FINALIZED

ACDP
 I'M A CURRENT MEMBER:
 YES or NO
 SINCE: _____
 JOIN TODAY

185 07

DONATIONS



I PLAN TO PAY EMI PROGRAM COSTS BY: _____
 PLEASE INITIAL THE FOLLOWING: کسے دے گا؟

— I PROMISE TO PAY EMI THE PROGRAM COST BALANCE, IF FUNDS RAISED DO NOT COVER THE FULL AMOUNT.
 — I UNDERSTAND EMI REQUIRES PAYMENT IN FULL ONE MONTH AFTER PROGRAM END-DATE REGARDLESS OF FUND-RAISING LEVEL.

AVAILABILITY

I'M AVAILABLE IN:
 A: _____
 B: _____
 I CAN JOIN EMI TEAMS ON SHORT NOTICE _____
 I PREFER TO SERVE IN:
 A: _____
 B: _____
 C: _____

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 عہدہ اوقات دستخط کے ساتھ مقررہ وقتوں میں دستیاب ہو سکتا ہے

& PAYMENTS

HEALTH / INSURANCE |

There is inherent risk in EMI travel and work in the developing world. EMI does not assume any liability for the welfare or health condition of participants before, during, or after participation with EMI. Each participant assumes total liability for themselves, their person and their belongings.

Check with your doctor or local health department for advice & recommendations pertaining to the protection of your health in the country in which you will be serving with EMI.

MEDICAL CONDITION(S) |

MEDICATION(S) REQUIRED |

SPECIAL PRECAUTION(S) |

I HAVE HEALTH INSURANCE VALID FOR INTERNATIONAL TRAVEL W/ EMI | YES / NO

PROVIDER NAME | _____

PHONE | COUNTRY CODE | _____ **NO. |** _____

POLICY NO. / MEMBER ID | _____

"I HAVE READ AND AGREE TO ABIDE BY THE EMI TRAVEL AGREEMENT" | _____ **INITIALS |** _____

[click here to view](#)

VISAS |



EMAIL PASSPORT

[click the stamp to email this passport to your project leader](#)

