Holy Sacrament Episcopal Church Friends Reaching Friends' Mission Trip

Missionary Application Form

Date and Nar	me/Place of	Mission Tri	p:			
Section 1:	Personal	Informat	ion			
Name:	(Last)		(First)		(Middle)	
	□ Mr.	☐ Mrs.	☐ Ms.	☐ Dr.	□ Rev.	
Address:						
City:				State:	Zip:	
Home Churc	h:			City:		
Tel. (Home):	()			Tel. (Work):	()	
Tel. (Cell):	()			Profession:		
Email Addres	ss:					
Date of Birth	:			Age:	Sex:	
Marital Status	s: 🗖 Singl	e 🛘	Married	☐ Divorced	☐ Separated	
Passport#:						
T-Shirt Size:	\square S	□м	□L			
Prayer Partne	ers:					
	1)	Name)		(Email Add	ress and/or Telephone Number)	
2.	(1)	Name)		(Email Add	ress and/or Telephone Number)	

Section 2: Skills/Work Experience

Please check below the skills which are applicable to you. If you check "Other," please state the area of expertise. You may also add further information/explanation if necessary.

<u>Language Spoken</u>	Musical Instruments Played
English	Keyboard/Organ/Piano
Spanish	Guitar
French	Flute
Other	Drums
	Other
Medical	<u>Construction</u>
Doctor	Carpentry
Nurse	Masonry
Dentistry	Plumbing
Nutrition	Roofing
Pharmacist	Electrical
Other	Painting
	Other
Technology	<u>Business</u>
Computer Programming	Accounting
Web Site Development	Administration
Microsoft Office	Management
Other	Public Relations
	Fund Raising
	Other
Personal Ministry	Spiritual Gifts
Bible Study Leader	Knowledge
Evangelism/Outreach	Wisdom
Singing/Art	Healing
Arts/Crafts	Faith
Musical Instrument	Prophecy
Teaching	Discerning Spirits
Other	Other

Section 3: Medical/Health Information

Medical/Health	Information for:	(E:	(I and a area)	
		(First name)	(Last name)	
Health Insurance	: Co:			
Policy #:				
Physician's Nam	e:Phone ()			
Do you have any	physical restrictions th	at should be known?	□ Yes □ No	
If Yes, please des	cribe:			
Are you presently	taking any medication	ns?	□ No	
If Yes, please exp	olain:			
Describe any Spe	cial Dietary Needs:			
Section 4: En	nergency Contact	: Information		
	0 ,			
Name:			Relationship:	
Address:				
City:		State:	Zip:	
Tel. (Home): ()	Tel. (Work	x): ()	
Tel. (Cell): ()			
Email address:				

Section 5: Moral Obligation

I	, a servant	of God, agree that as a moral				
(Print name))	_				
obligation, if I, for any reason, have	e to discontinue being a part of the 2	2017 Belize Mission Team,				
after April 23, 2017, I will be respons	after April 23, 2017, I will be responsible for paying the designated airfare of the trip or find a					
replacement that is approved by the	e Mission Team Leaders.					
Signature:						
Date:						
Note: Parent or Legal Guardian's sig	mature is required below for a minor ((a child under 18 years old).				
Date	Signature of Paren	Signature of Parent or Legal Guardian				
Section 6: Agreement						
I agree that the information provided o	on this form is correct.					
Signature of Ap	plicant	Date				
Note: Parent or Legal Guardian's sig	mature is required below for a minor ((a child under 18 years old).				
 Date	Signature of Parent or Legal Guardian					