

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.

Language Spoken

- English
- Spanish
- French
- Other _____

Musical Instruments Played

- Keyboard/Organ/Piano
- Guitar
- Flute
- Drums
- Other _____

Medical

- Doctor
- Nurse
- Dentistry
- Nutrition
- Pharmacist
- Other _____

Construction

- Carpentry
- Masonry
- Plumbing
- Roofing
- Electrical
- Painting
- Other _____

Technology

- Computer Programming
- Web Site Development
- Microsoft Office
- Other _____

Business

- Accounting
- Administration
- Management
- Public Relations
- Fund Raising
- Other _____

Personal Ministry

- Bible Study Leader
- Evangelism/Outreach
- Singing/Art
- Arts/Crafts
- Musical Instrument
- Teaching
- Other _____

Spiritual Gifts

- Knowledge
- Wisdom
- Healing
- Faith
- Prophecy
- Discerning Spirits
- Other _____

Section 3: Medical/Health Information

Medical/Health Information for: _____
(First name) (Last name)

Health Insurance Co: _____

Policy #: _____

Physician's Name: _____ Phone () _____

Do you have any physical restrictions that should be known? Yes No

If Yes, please describe: _____

Allergies: _____

Are you presently taking any medications? Yes No

If Yes, please explain: _____

Describe any Special Dietary Needs: _____

Section 4: Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel. (Home): () _____ Tel. (Work): () _____

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 to discontinue being a part of the 2017 Belize Mission Team, 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 Mission Team Leaders.

Signature: _____

Date: _____

Note: Parent or Legal Guardian's signature is required below for a minor (a child under 18 years old).

Date

Signature of Parent or Legal Guardian

Section 6: Agreement

I agree that the information provided on this form is correct.

Signature of Applicant

Date

Note: Parent or Legal Guardian's signature is required below for a minor (a child under 18 years old).

Date

Signature of Parent or Legal Guardian