



Holy Sacrament Episcopal Church
***Friends Reaching Friends* Mission Trip**
Guyana
June 6-14, 2020

HSEC MISSION APPLICATION FORM

Section 1: Personal Information

***Name** _____
Last First Middle
 Mr. Mrs. Ms. Dr. Rev.

*** Please PRINT NAME EXACTLY AS IT IS WRITTEN ON YOUR PASSPORT**

Address: _____

City: _____ State: _____ Zip: _____

Home Church: _____ City: _____

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

Tel. (Cell): () _____ Profession: _____

Email Address: _____

Date of Birth: _____ Age: _____ Sex: _____
(Month/Date/Year)

Marital Status: Single Married Divorced Separated

Passport#: _____

Prayer Partners:

1. _____
 (Name) (Email Address) (Cell Phone)

2. _____
 (Name) (Email Address) (Cell Phone)

-

(Please Turn Over)

Section 2: Skills/Work Experience

Please check below the skills that 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
- Drums
- Other _____

Medical

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

Construction

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

Teaching/Counselor Experience

- Ages 3-5
- Ages 6 -9
- Ages 10 - 13
- Ages 14 - 18
- Other

Other:

Section 3: Medical/Health Information

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

Health Insurance Co: _____

Policy #: _____ Group #: _____

Primary 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/Food Allergies: _____

Section 4: Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Tel. (Cell): _____

Email address: _____

(Please Turn Over)

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 2020 Guyana Mission Team,
after March 31, 2020, 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