

## **APPLICATION FOR 2009 SERVING TRIP**

This application is designed to ensure that you, your team leaders, and our foreign contacts all have a positive missions experience. It is essential, therefore, that this be completed in its entirety. Confidentiality will be maintained.

### **I. PERSONAL INFORMATION:**

1. Name (as it appears on your passport):

\_\_\_\_\_

*First*

*Middle*

*Last*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell (H/W): ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Email (H/W): ( ) \_\_\_\_\_

2. Place of Employment: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Passport number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

5. In the event of an emergency, notify: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

### **II. EDUCATIONAL BACKGROUND:**

6. Summarize your educational and/or vocational training, beginning with high school, including any certificate, undergraduate, and graduate work completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. MEDICAL INFORMATION:**

7. Your current health:  Excellent  Good  Fair  Poor  
If fair or poor, please explain: \_\_\_\_\_
8. Are you currently taking any medication:  Yes  No  
If yes, please specify: \_\_\_\_\_
9. Do you have any medical restrictions or handicaps that we need to make special provisions for?  Yes  No  
If yes, please explain: \_\_\_\_\_
10. Health insurance company: \_\_\_\_\_  
Policy number: \_\_\_\_\_
11. Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

**IV. OTHER INFORMATION:**

12. Are you affiliated with a church?  Yes  No  
If yes, for how long? \_\_\_\_\_  
If yes, which church? \_\_\_\_\_
13. What church responsibilities do you presently have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Have you ever been on a short missions trip before?  Yes  No  
Where? \_\_\_\_\_ When? \_\_\_\_\_  
Organization? \_\_\_\_\_
17. What other cross-cultural experiences have you had? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Why do you want to go on this trip? \_\_\_\_\_  
\_\_\_\_\_
21. What are the realistic roadblocks that might keep you from going on this trip?  
\_\_\_\_\_  
\_\_\_\_\_

**V. SKILLS INFORMATION:**

23. Indicate your skills in languages other than English: \_\_\_\_\_

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24. What musical instrument do you play? \_\_\_\_\_

What part do you sing? \_\_\_\_\_

25. Check the areas and skills in which you have experience:

- |  |  |
|--|--|
| <input type="checkbox"/> Medical experience    | <input type="checkbox"/> Computer skills           |
| <input type="checkbox"/> Carpentry             | <input type="checkbox"/> Data Entry                |
| <input type="checkbox"/> Masonry               | <input type="checkbox"/> Teaching (age group ____) |
| <input type="checkbox"/> Word processing       | <input type="checkbox"/> Organizational            |
| <input type="checkbox"/> Camp programs         | <input type="checkbox"/> TESL                      |
| <input type="checkbox"/> Sports and recreation | <input type="checkbox"/> Drama/skits               |
| <input type="checkbox"/> Plumbing              | <input type="checkbox"/> Puppets                   |
| <input type="checkbox"/> Electrical            | <input type="checkbox"/> Arts/crafts               |
| <input type="checkbox"/> Evangelism            | <input type="checkbox"/> Food services             |
| <input type="checkbox"/> Discipleship          | <input type="checkbox"/> Small group leader        |

25. If you have considerable experience in any of the above, please comment:

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26. Are you willing to participate in all team building and training events over the next few months?  Yes  No

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**Please Mail Completed Application before Sept. 2008 to:**

Hope For Life  
C/O HCC  
4423 Point Fosdick Dr. NW Suite 100-5  
Gig Harbor WA 98335