

The following items must be enclosed with your application:

- Deposit \$120.00
- Completed Medical Forms
- Permission to Treat Waiver
- Picture - other than on passport
- Bio - personal description
- Why you want to go on the trip
- 3 copies of your passport or the date ordered _____
- 3 contacts - one must be pastor (include complete address and all phone numbers)
- Pastor's recommendation (Pastor must send to district)

MISSIONS TRIP APPLICATION

Jan. 20th-28th, 2010

Destination - Dominican Republic

Application Deadline: October 1, 2009

All information must be filled in for application to be accepted.

Personal Information - please print legibly

This trip is limited to 25 ladies.

TRIP DATE INFORMATION

Please checkmark the week you desire to go:

_____ Week 1 Departs January 20, 2010 - Returns January 28, 2010

Name as it appears on your passport _____
(First) (Middle) (Last)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Ph. _____ Work Ph. _____

Church Name _____ City/State _____

Birth Date ____ / ____ / ____ Marital Status _____

Email Address (must be legible) _____

Do you have a passport? Yes _____ No _____ Shirt Size S M L XL 1X 2X 3X (group shirt)

Your passport must be valid up to 6 months past the travel date.

Would you consider yourself in good health? Yes _____ No _____

If the answer is no, please explain: _____

If you have any handicaps, please explain what they are. _____

Do you have any health problems that would prevent you from eating the food served? (Please note we cannot provide special foods.) _____

Are you physically able to do manual labor for at least eight hours per day for five days?

Yes _____ No _____

Spiritual Information

Please check which of the following you have personally experienced.

Conversion _____ Water Baptism _____ Infilling of the Holy Spirit _____

What is your involvement in your local church? _____

Trip, Work and Ministry Information

Have you ever traveled out side the country before? Yes _____ No _____

Do you speak another language? If so, what is it? _____

Do you speak it: fluently _____ a little _____

If you have been on a mission's trip previously, please mark your and place where you went.

PLACE	YEAR YOU WENT

Statement of Cooperation

By signing this application, I am stating that I have answered all of these questions honestly. I am also agreeing to exemplify both a cooperative and Christian attitude at all times. Even though I may not agree with the how's and whys of everything we will do, I will cooperate and present a team attitude. I agree to be on time with all trip payments, for all appointments during the trip, work with the team every day, attend all meal functions and present a cooperative spirit at all times. I am excited to be a part of this mission's trip and promise to pray that God will use this team to do a great work for Him in the **Dominican Republic**.

NOTE: A \$120.00 non-refundable deposit must accompany this completed application. If for some reason you are not approved to be part of the group, you will receive a letter with a full refund of your deposit. If approved, you will receive a letter giving you details of the payment schedule for the trip. Full payment will be required one month before the departure date.

(Signature)

(Date)

**Mail to: NNED, Women's Department-Missions
P O Box 611, Portland, ME 04104-0611**