

**The following items must be enclosed with your application:**

- Deposit \$300.00 (not refundable)
- Completed Medical Form
- Permission to Treat Waiver
- Picture - other than on passport
- Bio - personal description
- Why you want to go on the trip
- passport date ordered \_\_\_\_\_
- 3 copies of passport
- 3 contacts - one must be pastor (include complete address and all phone numbers)
- Food basket \$35 each how many do you want to pay for: \_\_\_\_\_

- Have pastor send a recommendation to district

# MISSIONS TRIP APPLICATION

**Jan. 30 - Feb. 7, 2012**

**Destination - Dominican Republic**

**Application Deadline: October 1, 2011**

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

*Personal Information - please print legibly*

## ***TRIP DATE INFORMATION***

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.**

Frequent Flyer # for American Airlines \_\_\_\_\_ Jet Blue \_\_\_\_\_

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 \_\_\_\_\_

Mission of Mercy Child's Name and Number at 004 project: \_\_\_\_\_

## ***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? \_\_\_\_\_

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## ***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 \_\_\_\_\_

PLACE	YEAR YOU WENT

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

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(Signature)

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(Date)

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