

Mission Application

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Email Address: _____

Home phone: _____ Cell Phone: _____

Age: _____ Height: _____ Weight: _____ T-Shirt Size: _____

Date of Birth: ____/____/____ Social Security Number: ____ - ____ - ____

Are you currently a United States Citizen: _____

Mother/Guardians name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Father/Guardians name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

If parents are seperated or divorced who has legal Custody? _____

Date you made a commitment to follow Christ: _____

Have you ever been on a mission trip? _____

Personal

Have you been involved with any of the following: Alcohol, Tobacco, Illegal drugs, a cult or the Occult, or gang related activities? (If yes, clarify what): _____

Have you been sexually active within the last six months? _____

Health

Do you have or have you ever had Diabetes, Seizures, Fainting, Fainting Spells, Eating disorder, or Respiratory problems? (If yes explain) _____

Tell How and when you became a Christian:

Why do you want to go on this mission?

Besides the Lord, who has made the biggest impact on your life and why?