

Christian World Missions

APPLICANT INFORMATION

Name (exactly as appears on passport):

Date of Birth:

Address:

City:	State:	ZIP Code:
Passport No.:	Location of Issue:	Date of Issue: Date of Expiration:
Mobile/home:	Work:	Fax:
E-mail address:	Country of Mission:	Date of Mission:

Church name and address:

Pastor's Name:

Address: Phone:

How did you hear about our mission ministry?

In which areas of ministry are you interested to participate? (Choose all that apply)

- | | | |
|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Preaching | <input type="checkbox"/> Children | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Prayer | <input type="checkbox"/> Medical (lay or licensed) | |
| <input type="checkbox"/> Testimony | <input type="checkbox"/> Construction | |

EMERGENCY CONTACT (IN U.S.)

Name:

Address: Phone:

City: State: ZIP Code:

Relationship:

MEDICAL INSURANCE

Company Name: Policy Number:

Address: Phone:

Physician's Name:

Address: Phone:

HEALTH INFORMATION

List any allergies:

List any medical conditions which may need special treatment (e.g., diabetes)

List any physical limitations which need special accommodation (e.g., difficulty walking over rough terrain)

Others:

REFERENCES (IN ADDITION TO PASTOR LISTED ABOVE)

Name	Address	Phone
1.		
2.		

BRIEF SUMMARY OF WHY YOU WOULD LIKE TO JOIN THIS MISSION (USE SEPARATE PAGE IF NEEDED)

NOTE

Please fill out and return this application, passport, 4 passport photos per country, and specified deposit to our office no later than 90 days prior to departure to PO Box 985, Starkville, MS 39760. If, for any reason, **we** feel that you are not suitable for this trip, your entire deposit will be returned to you. However, if **you** withdraw from this mission your deposit is non-refundable.