

INTEREST FORM

BELIZE

MISSION EXPERIENCE



NAME: _____
ADDRESS: _____
PHONE #: _____ CELL #: _____
E-MAIL ADDRESS: _____
EMERGENCY CONTACT NAME: _____
PH #: _____ ALTERNATE #: _____
RELATIONSHIP TO YOU: _____

HOME CHURCH: _____ ACTIVE/REGULAR ATTENDEE: _____
DEGREE/SPECIALTY/MEDICAL LICENSE (IF MEDICAL): _____

DO YOU HAVE A VALID PASSPORT? _____ EXP DATE: _____

HAVE YOU EVER PARTICIPATED IN ANY OTHER MISSION TRIPS? (DOMESTIC OR ABROAD)
WHEN AND WHERE? _____

PLEASE DESCRIBE ANY SPECIAL TALENTS OR ABILITIES THAT YOU FEEL MIGHT BE USEFUL ON THIS MISSION TRIP (EXAMPLES MIGHT INCLUDE BUT ARE NOT LIMITED TO SPECIAL WORK EXPERIENCE, PLAYING MUSICAL INSTRUMENTS, PREVIOUS WORK WITH CHILDREN OR YOUTH ETC.)

DO YOU SPEAK SPANISH FLUENTLY? _____
IF YES, COULD YOU SERVE AS AN INTERPRETER? _____

TRIP DATES: DEPART MONDAY APRIL 2, 2012. RETURN MONDAY APRIL 9, 2012
DEPOSIT: \$400 DUE BY DECEMBER 4, 2011
FINAL PAYMENT: REMAINDER OF BALANCE (\$700) DUE BY SUNDAY, JAN. 22, 2012

**THERE WILL BE 3- 4 MANDATORY TRAINING SESSIONS THAT ARE REQUIRED TO BE ABLE TO GO ON THE MISSION TRIP. ATTENDANCE AT THE MISSION TRIP TRAINING MEETINGS IS MANDATORY FOR EVERY TEAM MEMBER. YOU WILL LEARN VALUABLE INFORMATION ABOUT YOUR SPECIFIC TRIP, TEAM EXPECTATIONS AND MEET YOUR LEADER AND TEAM MEMBERS. IF YOU ARE UNABLE TO ATTEND THE TRAINING SESSIONS ASSOCIATED WITH YOUR TRIP, PLEASE CONSIDER SERVING ON A FUTURE TRIP DATE.