

LEGACY OF HEALING
Application for Short-Term Mission Trip 2013

PLEASE PRINT CLEARLY

Full Name as it appears on passport _____

Address _____ City _____ State _____ Zip _____

Telephone: Cell _____ Home _____ E-mail _____

Date of Birth _____ Age _____ Sex _____ Shirt Size Sm Med Lg XLg

Occupation _____

Passport # _____ Issue Date _____ Exp. Date _____

Citizenship _____ Foreign Languages spoken _____

Dietary Restrictions _____ Physical Limitations _____

How many mission trips have you participated in? _____

What were your responsibilities? _____

Why do you want to participate and how do you anticipate serving on a mission trip?

Musical or special skills _____

Anyone under age 21 needs a letter of recommendation from a school faculty member for applicant to be considered.

Applicants under age 18 must be accompanied by a parent. 16 is minimum age.

I would like to go on this mission trip. If accepted, I pledge to participate with the entire group and work in a cooperative team spirit. I pledge to maintain a positive attitude to the rigors of travel and work.

I give my consent that photographs interviews and audio/video recordings during the course of the mission trip may be used by LEGACY OF HEALING for training, promotion and fundraising.

Signature _____ Date _____