

APPLICATION FORM
THE PRESBYTERY OF LOS RANCHOS/EAST AFRICA PARTNERSHIP
(please type or print)

Today's Date: _____

Name of Project: 2010 Kenya Mission / Medical Trips

Check One: Summer Youth Team Summer Mission Team
 Summer Medical Team Fall Mission Tour
 Fall Medical Team Fall Surgical Team

Dates of Travel: _____

Contact, Health, and Passport Information

Please submit information exactly as it appears on your passport

Name: _____

Address: _____

City: _____

State: _____ Country: _____ Zip Code: _____

Telephone Numbers

Home: _____ Cell: _____

Business: _____ FAX: _____

Passport Number: _____ Expiration Date: _____

Place of Issue: _____

I do not yet have a passport.

In addition to this application, the following forms will be required upon acceptance to the team:

- a. Health Information Form & Liability Release
- b. Authorization for Emergency Medical Treatment Form
- c. Emergency contact information Form.
- d. Two (2) copies of passport.

Please feel free to use extra sheets as needed.

Expectations for Mission

What is your purpose in applying for this mission project?

Keeping in mind the purpose as described in the presentations you've attended or materials you have reviewed, what are your expectations for this trip?

How will your own spiritual needs be addressed by this mission trip?

Will you agree to do **pre-travel** study of materials provided or recommended by organizers? ___ Yes ___ No

Do you agree to participate in the orientation, preparatory meetings, post-travel debriefing meeting(s) and travel arrangements of the group **at all times** during the period of the mission project? ___ Yes ___ No

If no, explain:

Will you agree to do **post-travel mission interpretation** of your experience including the sharing of photographs, stories, and written materials with the larger church and trip participants? ___ Yes ___ No

Are you adaptable to simple accommodations, often including dormitory-style living? ___ Yes ___ No

Please describe briefly any health conditions you have and medications prescribed:

Have you ever lived in or visited other countries? If so, describe your experience, including the countries and dates.

Do you speak any foreign languages? If yes, which ones? How fluently?

Financial Information

Will you be able to pay for the entire cost by the deadline (six weeks prior to the trip date, if not sooner?) (First half due twelve weeks prior) _____

How do you anticipate covering the cost for this mission project?
(Please place % amount in the space provided.)

___%_ Personal Funds (including family and friends)

___%_ Church or Organization Funds (please name organization_____)

___%_ Other (please name: _____)

Faith Journey

Share briefly about your relationship with Jesus Christ:

Describe briefly the church activities in which you are or have been involved:

Name of your congregation:

Name of your pastor or medical supervisor:

Name of another reference from your church or medical facility:

Please attach a letter of recommendation from your pastor, mission elder or (for medical team) supervisor for your participation in this trip.

General Background, Interests, and Skills

Please write a brief biographical paragraph that can be shared with other participants before the trip. Tell about yourself, your work, interests, family, and any other experiences that have influenced you, or that you would like to share.

What other service related projects have you been involved in before?

Please describe any skills, interests, or hobbies that might be useful on the trip or for interpretation after the trip.

If applying for a medical trip, please describe your education, degrees, work experience and areas of specialization. Please attach a copy of your medical license to this application.