



For office use only:  
Date Rec'vd \_\_\_\_\_  
Fee Paid: \_\_\_\_\_  
Trip: \_\_\_\_\_

Please type or print in black ink. Answer each question carefully, and *do not* abbreviate.

**Name:** \_\_\_\_\_  
Last First Middle

Preferred Name or Nickname: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail \_\_\_\_\_ Birthdate: \_\_\_\_\_

Marital Status: Single, Married, Widowed and Remarried, Divorced and Remarried

**Name of Spouse:** \_\_\_\_\_  
Last First Middle

**Emergency Contact Name:** \_\_\_\_\_  
Last First Middle

Relationship: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work/Cell Telephone: \_\_\_\_\_

Your emotional health is: optimistic, cheerful, pessimistic, easily discouraged

Describe any emotional or nervous problems and treatments.

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Describe your temperament and how you adapt to new and unexpected circumstances.

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Describe how you get along with:

your family\_-----

peers\_-----

authority figures\_-----

team members\_-----

Does experience lead you to believe you can live and work harmoniously with others whose nature, temperament, and even culture may be different to you?

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Mark the types of work for which you are best qualified:

- |   |  |
|---|--|
| <input type="checkbox"/> Medical/health         | <input type="checkbox"/> Coaching athletics  |
| <input type="checkbox"/> Office work/computers  | <input type="checkbox"/> Drama               |
| <input type="checkbox"/> Education              | <input type="checkbox"/> Music, vocal        |
| <input type="checkbox"/> Food Preparation       | <input type="checkbox"/> Music, instrumental |
| <input type="checkbox"/> Graphic Arts           | <input type="checkbox"/> Arts and crafts     |
| <input type="checkbox"/> Carpentry/construction | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Audio/Visual Media     |  |
| <input type="checkbox"/> Puppets/clowning       |  |
| <input type="checkbox"/> Children's work        |  |
| <input type="checkbox"/> Youth work             |  |

Describe "other" or elaborate on your experience using any of the above skills:

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In addition to English, what language(s) do you speak?

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How well do you converse in the language(s)?

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Have you ever been arrested or charged with any violation of any law or ordinance? No Yes (If "yes," attach a written explanation.)

Can you provide your trip support from personal funds? Yes No

If not, how do you plan to raise your support?

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*Please give complete information.(3 References, please)*

**Pastor** ----- Telephone -----

Address -----

City ----- State ----- ZIP -----

**Employer** ----- Telephone -----

Address -----

City ----- State ----- ZIP -----

**Friend** ----- Telephone -----

Address -----

City ----- State ----- ZIP -----

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Signature

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Date