



Christian Mercy International

APPLICATION FOR MISSIONS TRIP

Please print clearly with ink pen

FULL NAME _____ DATE _____

DATE OF BIRTH ____ / ____ / ____ SOCIAL SECURITY NUMBER ____ - ____ - ____

ADDRESS _____ APT. # _____

CITY, STATE, ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL/OTHER _____

E-MAIL ADDRESS _____

SPOUSE _____

CHILDREN and AGES _____

CHURCH _____

CHURCH ADDRESS _____

PASTOR _____

STRENGTHS _____

LANGUAGES SPOKEN _____

What area are you most interested in? _____ Haiti _____ Costa Rica _____ Israel

Other (specify) _____

What work area are you most interested in? _____

Step 1:

Please mail completed form to the P.O. Box below:
(along with your Emergency Information form)

Step 2:

Apply for your passport

Christian Mercy International

P.O. Box 560382

Rockledge, FL 32956-0382

<http://www.christianmercy.net>