## HAITI MISSION TEAM APPLICATION

	REVISED	) 7-2002			
Received	Commit Reply Date	tee Use	Acceptance I	Date	
Action	Team		Position		
	APPLIG	ation	J		
Official Name			Nickname		
Passport#	Expiration [	Date	Age	Birth-date	
Address City		_City		Zip	
Phone: ()	Business ()		E-Mail:		
Present Occupation			Marital Status		
If married, Spouse's Name			Work Phone		
Church Membership or	affiliation				
Education			Blood Type		
Do you have any ongo	oing medical problems or	physical l	imitations? Ye	s No	
	Mission Trip, you will be is A & B, typhoid, tetanus			llowing immunizations	
Current Medicines you	are taking				
Do you have any of th	e following skills, talents,	or hobbie	s? Explain		
Small Engine Repair		Auto	_ Auto Mechanics		
Truck Driving		Singir	Singing		
Musical Instrument(s)		Electr	Electric or Electronic Repair		
Photography		Sewir	Sewing		
Cooking		Creat	Creative Writing		
Other skills, talents	or hobbies				

French Language \_\_\_\_\_ Skill Level \_\_\_\_\_

What I raining or Experience have you had with:
Medicine:
Dentistry:
Nursing:
Allied Health Fields:
Leading Worship/music:
Foreign Travel to Developing Countries:
Previous Mission Work:
Why do you want to go on a mission trip to Haiti?
Please write a brief personal statement of faith. (Use a second sheet as necessary)
Autobiography: Please tell us about yourself (Use a second sheet if needed)
Emergency contact:
Address & Phone number
Signature Date
Complete & return to

Yakima Covenant Church 6015 Summitview Avenue Yakima WA 98908 Aur. Call