



Missions Participant Application

Outreach Dates: April 6th-14th, 2017
Application Due: November 16th, 2016

2017 Mission Adventure to Roatán, Honduras

Full Name _____ Sex _____ Phone () _____

Address _____
Street City State Zip

Passport Number _____ or check here if you need to start the application process

Birthdate ____ / ____ / ____ E-mail Address: _____

Marital Status: Single Married Occupation _____

Home church _____
(Name and address)

Pastor's Name: _____ Home # () _____ Work # () _____

How long have you attended? _____ How long have you been a Christian? _____

May we contact your pastor for a reference? Yes No

1. Briefly describe how you came to know and trust Jesus Christ.

2. Describe your present relationship with the Lord.

3. What is your purpose in applying for this outreach?

4. What gifts and abilities do you have that you see God using while in Honduras?

Physical Condition

(Not necessary for a physician to fill out)

Due to the nature of our ministry, we need to be aware of any limitations that could cause you harm on the outreach. Please answer the following questions regarding your health:

Do you have any allergies? Please specify: _____

Are you able to walk 3-4 miles per day? _____

Are you presently under medical supervision or taking any medications? If so, what kind and what is the condition?

Would you consider yourself in be in good health? _____

If you answered "no", why? _____

Use the following space to make additional comments regarding your health or any limitations affecting your physical, mental, or emotional capabilities.

In case of emergency, contact:

Name Relationship to applicant

Address Zip Phone #

Doctor's name

Doctor's address Zip Phone #

Medical Insurance Company Policy # _____

Consent for treatment and liability release

I/we hereby release Hope Christian Academy, St. Paul Park, MN, their agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person(s) during the course of involvement with the Honduras Mission Adventure.

I/we hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician are deemed necessary on the above participant(s).

I have completed all portions of this application and, if accepted, I will abide by the spirit and purposes of the program. I will do my best to attend the 5 required group meetings.

Applicant's signature: _____ **Date:** _____

Parent/guardian signature: _____ **Date:** _____