

Mission Trip/J-term Class Application

(please attach additional sheets if space is limited)

Trip/Class Applying for: _____

Personal Information:

Name: _____ Phone # _____

Major: _____ Campus Phone: _____ Birthdate _____

Class status at time of application: _____ Cumulative GPA: _____

Age: ____ Do you have a valid passport? Yes ____ No ____

If yes, what is the passport # and expiration date: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Health Information:

Date of Last Physical Check-up: _____

Any pre-existing or present medical conditions: _____

Name and dosage of any medications that must be taken: _____

Any Allergies (medications, insect bites, food, etc. .) _____

____ Hay Fever

____ Heart Condition

____ Diabetes

____ Asthma

____ Insect Bites

____ Epilepsy/Nervous Disorders

____ Frequent Stomach Upsets

____ Eating Disorder

____ Depression/Anxiety

____ Any Major Illnesses during the past year? _____

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions)

Date of last Tetanus Shot: _____

Contact Lenses? _____

Any activity restrictions? ____ Yes ____ No

What? _____

1. Why do you want to be involved in this experience?
2. How do you feel you can contribute to this team? Be specific as you list various talents, abilities and skills you possess.
3. How would you describe yourself as a person? Strengths? Weaknesses?
4. If you have been part of a missions team before, please list those experiences, where you have traveled and your responsibilities as part of that team.
5. Describe where you anticipate the majority of the funds for this trip will come from.

I, _____, the parent/responsible party for _____ am
supportive of their application to this mission trip/J-tern class.

Signature

Date

