

D.C. Mission Trip

NAME:	PHONE:			
ADDRESS:		 		
CITY:				
SCHOOL:		_ GRADE:	AGE:	
BIRTHDAY:/ E-MAIL	ADDRESS:			
PARENT'S NAME:				
LIST ANY TALENTS (like singing, instr	rument, sound, etc.)_			
IF YOU WERE TO CHOSE WHICH ☐ Drama ☐ Mime ☐ Puppet s		•	eck two)	
HAVE YOU EVER BEEN INVOLVED BEFORE: IF YES, TELL ABOUT				
HOW AND WHEN WERE YOU SAV	'ED (tell about it):			
HAVE YOU BEEN BAPTIZED?				
WOULD YOU SAY YOU LIVE A PF Witnessing, etc.) DESCRIBE IT CARE				

DO YOU HAVE ANY HEALTH PROBLEMS? IF YES, EXPLAIN:	
DO YOU PRACTICE ANY BAD HABITS WE SHOULD BE AWARE OF?	
WHY ARE YOU INTERESTED IN JOINING THIS MISSIONS TEAM?	-
ARE YOUR PARENTS SUPPORTIVE OF THIS DECISION? EXPLAIN:	

WRITE A FEW PARAGRAPHS EXPLAINING YOUR OVERALL CHRISTIAN LIFE FROM YOU SALVATION TO THE PRESENT. INCLUDE THE PRESENT THINGS GOD IS DOING WITH YOU, YOUR CONSISTENCY TO OBEYING HIM, AND ANY DETAILS YOU FEEL IMPORTANT. USE THE BACK AS NECESSARY.