

Application to join a LENDAHAND Mission Team

This form is CONFIDENTIAL and will be used only to determine suitability for the team.

Trip to: _____ Dates: _____

Your name: _____, Date of Birth _____

Marital Status _____

Address _____

Street

City

State

Zip

Daytime Telephone: _____ Evening Telephone: _____

Email address: _____

Your Occupation: _____ Position: _____

Citizenship _____ Passport Number: _____ Date of Expiration _____

Member of which Church _____ Pastor: _____

Languages Spoken/Degree of fluency _____ Do You Sing? _____

Play Instruments? _____

Your name **exactly as it appears on your passport:** _____

Why do you want to participate in this mission?

What do you hope to accomplish while on this trip?

Are you a Christian? _____ Do you feel Christ calling you to this mission trip?

Please share any concerns you might have about joining this team

Please describe any medical condition that a doctor might need to know of during the trip

What prescription medications do you take (generic name, strength, and frequency of dosage)?

List Emergency Contact person(s) and Phone Number:

List Beneficiary name for your insurance coverage: _____

Please send three copies of your passport, this application, and mail/email to Jim Emery, PO Box 1441, Mebane, NC 27302; Phone: 757-615-2371; Email: jim@lahmissions.com

Checks for this trip should be made payable to LENDAHAND Mission Teams, and mailed to PO Box 1441, Mebane, NC 27302