



## Caribbean Children's Ministries Jamaica Mission Trip 2016 Application

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

**Please list any skills or abilities you have, such as teaching, preaching, music, etc.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Health Information:**

List any medications or foods to which you are allergic: \_\_\_\_\_

\_\_\_\_\_

List medication you take on a regular basis: \_\_\_\_\_

\_\_\_\_\_

List any health conditions or problems you have: \_\_\_\_\_

\_\_\_\_\_

Emergency contact and telephone number: \_\_\_\_\_

\_\_\_\_\_

Have you been on a mission trip before? If so, where and what did you do?

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Have you ever been out of the United States? If yes, where and for what purpose:

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Have you ever flown before? \_\_\_\_\_

Do you have a passport? \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Which week do you want to go? (Circle one)

July 7<sup>th</sup> -16<sup>th</sup> (7-12 year old campers)      July 15<sup>th</sup> -23<sup>rd</sup> (13-17 year old campers)

\_\_\_\_\_  
Signature of Applicant  
Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date

**If Participant is under 18 years of age, the minor's parent or legal guardian must sign as well.**

\_\_\_\_\_  
Parent/Natural Guardian/Legal Guardian  
Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date

**For first-time travelers:**

First-time travelers must obtain a signature of recommendation from a minister or church leader from your congregation. Please have the recommending person sign below.

\_\_\_\_\_  
Recommending minister and/or church leader  
Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date

Position \_\_\_\_\_