

REACH MINISTRIES INTERNATIONAL SHORT-TERM MISSIONS APPLICATION

Trip Destination _____ Dates _____

Name _____ Home Ph _____ Work Ph _____

Address _____ City _____ State _____ Zip _____

DOB _____ Age _____ Sex _____ Ht _____ Wt. _____

Marital Status: M _____ S _____ D _____ W _____

Any physical handicaps?

Have you ever been charged with child abuse or a crime involving attempted sexual molestation of a minor? If so, please explain:

Church _____ Pastor's Name _____

Church Address _____ City _____ State _____ Zip _____

Yes	No	Are you/do you:
<input type="checkbox"/>	<input type="checkbox"/>	A born-again Christian?
<input type="checkbox"/>	<input type="checkbox"/>	Regularly attend church?

EMERGENCY INFORMATION

In case of emergency contact:

Name _____ Home Ph _____ Work Ph _____

Address _____ City _____ State _____ Zip _____

Relationship _____

In case of an emergency, permission is hereby granted to engage the services of a physician or medical facility in the treatment of this applicant.

Signature _____

Witness _____

Signature below certifies the information contained in this application is true.

Signature _____