

# **APPLICATION FOR MISSION TRIP TO KENYA**

## **BIOGRAPHICAL INFORMATION – PLEASE PRINT CLEARLY**

\*LEGAL NAME AS IT APPEARS ON PASSPORT

\*SURNAME \_\_\_\_\_ \*FIRST NAME \_\_\_\_\_ \*MIDDLE INITIAL \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

## **JOB/EDUCATION**

WHAT IS YOUR PROFESSION? \_\_\_\_\_

WHERE DO YOU CURRENTLY WORK? \_\_\_\_\_ HOW LONG HAVE YOU WORKED THERE? \_\_\_\_\_

**IF YOU ARE IN THE MEDICAL/DENTAL PROFESSION PLEASE INCLUDE COPIES OF YOUR DIPLOMA AND LICENSE**

ARE YOU A STUDENT? \_\_\_\_\_ IF SO WHERE? \_\_\_\_\_

WHAT IS YOUR FIELD OF STUDY? \_\_\_\_\_

## **AREAS OF INTEREST**

WHAT AREA(S) WOULD YOU LIKE TO VOLUNTEER? \_\_\_\_\_ MEDICAL \_\_\_\_\_ DENTAL \_\_\_\_\_ REGISTRATION \_\_\_\_\_ OPTICAL

\_\_\_\_\_ PHARMACY \_\_\_\_\_ FOODSERVICE

WHICH TRIP ARE YOU INTERESTED?

July 14-28, 2010 \_\_\_\_\_ October 20-Nov 3, 2010 \_\_\_\_\_

## **REFERENCES – (DO NOT LIST RELATIVES)**

PASTOR \_\_\_\_\_ PHONE/E-MAIL \_\_\_\_\_

EMPLOYER/TEACHER \_\_\_\_\_ PHONE/E-EMAIL \_\_\_\_\_

**PERSONAL INFORMATION**

IS THIS YOUR FIRST MISSION TRIP? \_\_\_\_\_

IF NO, WHERE AND WITH WHOM HAVE YOU GONE BEFORE?  
\_\_\_\_\_

WHY DO YOU WANT TO GO ON THIS MISSION TRIP? \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE FOOD ALLERGIES? \_\_\_\_\_ IF SO WHAT ARE THEY? \_\_\_\_\_

ARE YOU A VEGAN? \_\_\_\_\_

WRITE A SHORT BIO ABOUT YOURSELF: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....

**AGREEMENT**

1. I understand that I could jeopardize my opportunity to go on this mission trip if the information I have provided on this application is not, to the best of my knowledge, accurate.
2. I understand that *no alcohol or tobacco products are allowed at anytime on this mission trip.*
3. I understand that due to time restraints and insurance purposes no personal outings will be allowed.
4. I understand that this is a mission trip sponsored by the Maasai Development Project which is affiliated with the Seventh-day Adventist Church.
5. I understand that if payments are not made on time, I could jeopardize my opportunity to go on this Mission trip.
6. I understand that \$100.00 is due with this application and will be returned **only** if trip is already full.
7. I understand that due to the fact that supplies are purchase ahead of time, all fees are non-refundable.
8. I understand that the Maasai Development Project cannot be held responsible for any theft, injury, accident, or sickness that may occur on this trip.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your interest in this mission trip. We will contact you as soon as possible to let you know if your application has been approved

**SEND APPLICATION TO:**

**KIM DEWITT  
28676 Los Olas Dr  
Warren MI 48093**

**SEND \$100 TO:**

**MAASAI DEVELOPMENT PROJECT  
C/O MISSION TRIP  
PO Box 394  
Harvey, ND 58341**