

**PARISH CHURCH OF ST. HELENA**  
**APPLICATION for DR MISSION TEAM**  
**COMPANION DIOCESE, DOMINICAN REPUBLIC**  
**OCTOBER 9-16, 2010**  
**Medical/Construction/Prayer Ministers**

NAME exactly as appears on passport \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (home): \_\_\_\_\_ Work or cell: \_\_\_\_\_

Are you an active member of the Parish Church of St. Helena? \_\_\_\_\_ If not, where do you presently attend? \_\_\_\_\_

Preferred NAME: \_\_\_\_\_ Email: \_\_\_\_\_

Students: present grade \_\_\_\_\_ School: \_\_\_\_\_  
Parents Names: \_\_\_\_\_

Place of employment (present or former): \_\_\_\_\_

Job Title: \_\_\_\_\_

Medical Personnel: Degree Specialty \_\_\_\_\_

DATE of BIRTH: \_\_\_\_\_ PASSPORT Y or N; EXP DATE: \_\_\_\_\_

Do you speak Spanish? Y or N Skill Level/Degree of fluency: \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_

SHIRT SIZE: S M L XL XXL

EMERGENCY CONTACT PERSON: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

HEALTH INSURANCE COMPANY: \_\_\_\_\_  
Policy number and phone#: \_\_\_\_\_

Do you have any health\* or other conditions that limit your mobility or stamina or may require special accommodation? Y or N If Yes, explain:

**\*A mission trip is physically and emotionally challenging.** You will be needed to carry 25+ lbs on occasion. Supplies will need to be loaded and unloaded possibly more than once. Mission sites tend to have multiple levels of uneven stairs and poor lighting. We will routinely need to carry heavy suitcases and supplies up and down these staircases. Frequently, there will be no electricity and/or running water. As a team member you must be physically able to adapt to these conditions. If you have any health problems or are taking medications for your heart, blood pressure, diabetes, joint problems, or anything that may impair your participation physically share this information with the team leader(s). We may ask for clearance from your physician or help direct you into another avenue to help with the mission trip.

**Before completing this application, please pray for guidance.**

Have you ever been involved with a mission trip? Y or N If yes, where?

---

---

---

---

What was the most significant aspect of that trip? \_\_\_\_\_

---

---

---

---

Please list the name and contact information of previous team leader. \_\_\_\_\_

---

---

Why do you wish to go on a mission trip? \_\_\_\_\_

---

---

---

---

What are your personal goals/hopes for this experience? \_\_\_\_\_

---

---

---

---

---

---

---

---

What gifts or talents do you see yourself bringing to the group? \_\_\_\_\_

---

---

Describe any cross-cultural experiences you have had in the past \_\_\_\_\_

---

---

---

---

---

---

---

Are you willing/able to be placed on a waiting list if the team has filled up? Y or N

Are you willing to participate in fundraising efforts for team expenses? Funds are needed to purchase supplies and reduce team member's expenses. Do you have any suggestions for fundraising? \_\_\_\_\_

---

---

---

**Minimum age is 16 years old.**  
**Approximate cost per traveler is \$850-\$1000.**  
**Please return this application to the church office with \$150 deposit**  
**No later than May 31, 2010.**

**Attendance at preparation meetings is required.**

Questions? Contact Jane Manos at 521-8488 (jkmanos@gmail.com ) or  
Abby Morris at 812-3665 (ontimebft@gmail.com)