Caribbean Children's Ministries
2020 Jamaica Mission Trip Application

To help facilitate a children's Christian summer camp
July 9th -18th (working with 7-12 year old campers)

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?

_____

_____

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

_____

_____

Have you ever flown before? _____

Do you have a passport? _____

T-shirt size: _____

_____ _____
Signature of Applicant Date
Printed Name: _____

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

_____ _____
Parent/Natural Guardian/Legal Guardian Date
Printed Name: _____

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 Date
Printed Name: _____

Position _____