



ONE WEEK MISSIONARY APPLICATION

Full Name: _____ Birthdate ____/____/____ Male Female

Address: _____ City _____ State _____ Zip _____

Email Address: _____ Telephone _____

Home Church: _____ Pastor _____

T-shirt size: small medium large X-large XX-large

Occupation: _____

Whom should we contact in case of emergency: Name: _____

Relationship: _____ Telephone: _____ E-mail: _____

Please list any diet restrictions or needs: _____

Please give a statement regarding your general health: _____

Which foreign languages do you speak?: _____

How did you hear about Willing Servant Ministries: _____

Passport # : _____ Issuing Country _____ Exp. Date _____

Please specify desired level of ministry: Level 1 Level 2 Level 3

Please list your top 3 skills for use on the mission field:

1. _____ 2. _____ 3. _____

I understand that Willing Servant Ministries is not to be held responsible for expenses incurred by illness or accident while or subsequent to my stay in the Dominican Republic. I agree to provide my own personal accident/health insurance.

(SIGNATURE)

(DATE)

(PARENT'S SIGNATURE FOR VISITORS UNDER AGE 18)

(DATE)

This application must be returned with a \$100 deposit per person 60 days prior to trip. The balance of your team fees must be paid 30 days prior to your trip date.

Please send checks payable to: Willing Servant Ministries ~ P.O. Box 291154 ~ Port Orange ~ Florida ~ 32129-1154
Website: www.willingservantministries.org ~ e-mail: info@willingservantministries.org