

D.R. Short Term Ministry Application Form

Trip Date: _____

Full Name: (Last) _____ (First) _____ (Middle Initial) _____

Address: _____

Home phone: _____ Cell phone: _____

Email: _____

Date of birth: _____ Gender: Female Male

Passport number: _____ Date passport expires: _____

Emergency Information

Emergency contact: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Email: _____

Health Insurance Company: _____

Policy Number: _____ Group Number: _____

Medical Background

Food allergies or dietary limitations: _____

Medications currently taking: _____

Personal

Name of home church & address: _____

Name of pastor: _____ Phone: _____

Brief testimony of your Christian faith: _____

Do you speak Spanish? _____ T-shirt size (circle) S M L XL XXL

Mail completed form to: Decatur Presbyterian Church, 2306 Modaus Rd., SW, Decatur, AL 35603

Applicant's Signature

Date

Parent or Legal Guardian Signature (If applicant is under 18)

Date