

Southern New England Conference
2012 Dominican Republic Mission Trip Application
April 13-22, 2012

APPLICATION INFORMATION (Please print clearly)

Full Name _____

Mailing Address _____

Home Address _____

E-mail Address _____ Phone # _____

Home Church _____ Baptized Yes No

Citizenship USA Other, please list _____

Do you have a valid passport through April 2012? (A valid passport)

Yes No Need to renew

Date of Birth _____

Gender Male Female

T-Shirt Size Small Med XL XXL XXXL

Please list any outreach/leadership ministries you have been involved in:

Why do you want to participate in this mission trip?

REFERENCE INFORMATION

Church Reference

Pastor's Name _____ Phone # _____

Mailing Address _____

Non-Related Personal Reference

Name _____ Phone # _____

Mailing Address _____

ADDITIONAL INFORMATION

Do you speak any languages other than English ? Yes (state) _____ NoPrevious Serve/Mission Trip experience ? Yes (where?) _____ No

What skills do you have? _____

State your profession? _____

What area of service are you interested on?

 Medical Dental Vacation Bible School Health Seminars Construction

(Please note that you may be ask to preach in one of our evangelistic series)

FINANCIAL & PARTICIPATION AGREEMENT

The mission trip will cost \$1,700 for each participant. A payment plan is available and is listed below:

December 15	January 15	February 15	March 15
\$275	\$475	\$475	\$475

A participant that withdraws from the mission trip will be responsible at minimum for the cost of the airplane ticket. Refunds will not be processed.

I certify that everything in this application is correct. I wish to participate on this short-term service project and uphold all guidelines and requirements set forth by the Southern New England Conference.

Your Signature _____ Date _____

Witness Signature _____ Date _____