

GUADALAJARA MISSION TRIP
INFORMATION FORM

Administered by the Greene County Baptist Association

First Name Middle Initial Last Name Sex

Address Street/Box City State Zip

Home Phone Bus. Phone Cell Phone E-Mail

DOB _____ Do you have passport? _____ Number _____ Date of expiration _____

Marital Status: _____

Name of spouse _____ Number of children _____

If you have participated in previous volunteer mission trips list locations and dates of service:

1. _____ 2. _____ 3. _____

Mark each service you have performed:

<input type="checkbox"/> Pastor	<input type="checkbox"/> Preacher	<input type="checkbox"/> Discipleship training	<input type="checkbox"/> Play musical instrument
<input type="checkbox"/> Teacher	<input type="checkbox"/> Evangelist	<input type="checkbox"/> Children's Activities	What? _____
<input type="checkbox"/> Photographer	<input type="checkbox"/> Vocalist	<input type="checkbox"/> Drama	<input type="checkbox"/> Youth work
<input type="checkbox"/> Puppeteer	<input type="checkbox"/> Witness	<input type="checkbox"/> Cook	<input type="checkbox"/> Clown/Mime
<input type="checkbox"/> Painter	<input type="checkbox"/> Carpenter	<input type="checkbox"/> Craftsman	<input type="checkbox"/> Translator
<input type="checkbox"/> Other, explain: _____			

Signature _____ Date _____