

ARKLA Youth Mission Trip Application

Please fill out entire application clearly

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____

Citizenship _____ Date of Birth _____

Valid Passport: Yes _____ No _____ Medical Review Completed: Yes _____ No _____

Parental Consent Form Signed (if under 18) Yes _____ No _____

Emergency Contact Name _____ Phone _____

For Family Application: Names and D.O.B. of children going with you.

Please answer the following questions to the best of your knowledge:

Do you (or child) have any serious health problems or are taking any medications? If so, please explain: _____

Do you have any construction or building experience? Please explain.

Do you speak Spanish? Yes _____ No _____ Please circle one: Fluent – Okay – Broken

Have you ever been on a mission trip before? If so, please write about your experience.

Have you ever been out of the country before? Please list where - and when?

Why do you want to go on this mission trip?

What are your expectations for this trip? What do you picture yourself doing / experiencing while on the trip? Building, Cooking, VBS, Site seeing, etc.

PLEASE INCLUDE the \$100.00 deposit (per person) with the application.

READ the following carefully before signing:

I _____ understand that the \$100.00 deposit (per person) is to go toward my (our) overall costs and expenses (yet to be determined) included in this trip. However, if by some reason I am unable to fulfill my intentions, I understand that this money will not be refunded to me and will be put towards the general fund of the mission trip.

Applicant
Signature: _____ Date _____

If Applicant is under 18:

Parent or Guardian
Signature: _____ Date _____

Please make sure all information is legible. Your Emergency contact number will be our only information to get a hold of someone in case of an Emergency.