

2006 Mission Trip Application

2006 Mission Trip Application

Fourth Presbyterian Church

Trip in which you are interested _____

Name (as it appears in your passport, including middle initial)

Address _____

City _____ State _____ Zip _____

Telephone(home) _____

(work) _____

Fax (if available) _____

E-mail _____

Occupation _____

Date of birth _____ Gender F M

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What is your present and past involvement with Fourth Church?

(If not a member of Fourth Church, please indicate your present involvement with your own religious community.)

Why are you interested in participating in this mission trip?

What are your expectations for this trip experience?

What are some of the gifts you feel you would bring to this group experience?

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In what other, if any, short-term mission trips have you participated?

Please list any previous international travel experience:

What are your skills, interests, or hobbies (such as photography) that might be useful on the trip or in the interpretation experience after the trip?

General Health: Excellent Good Fair

Do you have allergies? Yes No *(If yes, please explain)*

Dietary restrictions? Yes No *(If yes, please explain)*

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Do you have physical challenges? Yes No *(If yes, please explain)*

Do you have emotional challenges? Yes No *(If yes, please explain)*

What languages do you speak fluently?

Please return this application form
to Vicki Reynolds by
dropping it off at the church reception desk,
faxing it to 312.787.4584,
or mailing it to

Vicki Reynolds, Director of Mission
Fourth Presbyterian Church
126 E. Chestnut Street
Chicago, IL 60611.2094