

Participant's Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

## MEXICO 2010 APPLICATION AND QUESTIONNAIRE

**Before filling out this application... Please read. This is a contract YOU are agreeing to!** It is mandatory that you agree with the following items in order to be a part of the Mexico Team. These are required because we believe that our lives should exhibit Christ like characteristics here at home and as we are missionaries and ambassadors going to a foreign land. By filling out and signing this form **YOU** agree to the following:

- **Active involvement in church activities, including fund-raisers. (Don't make me put a number on these)**
- **No illegal drug or alcohol usage of any kind before or during the trip.**
- **No illegal criminal activity or accusations.**
- **Sexual Purity in accordance to God's Word**
- **Be at the Mexico retreat the first weekend in March. (the price is included in the cost of Mexico) (Not attending the retreat could be reason for removal off the team)**

**\* If any of these are not followed, all money that you have put in thus far will be forfeited. (I.E. Non-refundable)**

***THIS FORM AND THE QUESTIONNAIRE ARE TO BE TURNED IN WITH A \$50.00 NON-REFUNDABLE DEPOSIT NO LATER THAN \_\_\_\_\_.***  
***(THE APPLICATION FORMS (CONTRACT, MEDICAL FORM & AMOR FORM) NEED TO BE TURNED IN JANUARY 23, 2010 AT THE PRAYER AND PRAISE RALLY TO PATTI BERTELSEN)***

The payment schedule is as follows: \_\_\_\_\_ with this form, \_\_\_\_\_ by January 31<sup>st</sup> and the remaining \_\_\_\_\_ is due \_\_\_\_\_. Your personal total cost is \_\_\_\_\_ (including the \$50.00 deposit).

**The total cost of the trip is \$ 550.00 plus Transportation**  
**(PLEASE USE A BLACK PEN)**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_

**Parent Signature (if under 18)** \_\_\_\_\_

**Your Signature** \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

**MEXICO MISSION MEDICAL FORM  
(PLEASE PRINT USING BLACK PEN)**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth  
date \_\_\_\_\_

Address \_\_\_\_\_

Church Name \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**1. Your Insurance Carrier** \_\_\_\_\_  
**Policy number** \_\_\_\_\_

**2. Immunization History** (Check the correct boxes that apply)

Diphtheria	yes <input type="checkbox"/>	no <input type="checkbox"/>	Measles	yes <input type="checkbox"/>	no <input type="checkbox"/>
Mumps	yes <input type="checkbox"/>	no <input type="checkbox"/>	Tetanus	yes <input type="checkbox"/>	no <input type="checkbox"/> (date _____)
Polio	yes <input type="checkbox"/>	no <input type="checkbox"/>	Rubella	yes <input type="checkbox"/>	no <input type="checkbox"/>
Hepatitis A	yes <input type="checkbox"/>	no <input type="checkbox"/>			

If you answer no to any of the above you are assuming all responsibilities if contracted on the trip. Please initial here \_\_\_\_\_ (Parent or Guardian for minor)

**3. List All Allergies** \_\_\_\_\_

\_\_\_\_\_

**4. List All Medications Taken Regularly** \_\_\_\_\_

\_\_\_\_\_

**5. MEDICAL PROBLEMS**

Diabetes \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Epilepsy \_\_\_\_\_ Hepatitis \_\_\_\_\_  
High Blood Pressure \_\_\_\_\_ Others \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



5. Are you motivated more by other people guiding you or are you more of a self-starter?  
Give an example.

6. What gifts and talents do you bring to this missions team?

7. What do you think Jesus thinks of your Christian walk this last year? Why?

8. If you have been on this trip before how has it and is it helping you in your Christian faith?

9. Do you Speak Spanish? \_\_\_\_\_ If taken in school, how many years have you taken? \_\_\_\_\_

10. How do you plan to raise your half of the money?

11. If you are over 25 years old please attach a copy of your driver's license.