

Participant's Name: _____

Church Name: _____

MEXICO 2009 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 OCTOBER 31, 2008.

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

The total cost of the trip is \$ 525.00 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"/>
Typhoid	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.