

■ Application Form

Presbyterian Church (U.S.A.)

(please type or print)

Name of Seminar: _____

Dates: _____

Personal Data

Name (as it appears on your passport): _____

Address: _____

City: _____ State _____

Zip: _____ Country: _____

Telephone (Home): _____ (Business): _____

Fax (if available): _____

E-mail address (if available): _____

Gender: _____

Racial/ethnic identity: _____

Professional position and/or interest:

Passport Information:

Date of Issue: ____ / ____ / ____
 Month Day Year

Place of issue: _____

Passport Country and Number:

Expiration Date: ____ / ____ / ____
 Month Day Year

Birthplace: _____

Birthdate: ____ / ____ / ____
 Month Day Year

Health Information:

General health: Excellent Good Fair

Do you smoke? Yes No

Do you have any allergies?

 dietary restrictions?

 physical challenges?

 emotional challenges?

If yes, explain:

(Note: In some cultural contexts, we are not able to accommodate strict vegetarian diets.)

Are you currently under a physician's care and/or receiving prescribed medication of which we should be aware? Yes No

If yes, please explain and list medications:

Are you covered by illness and accident insurance? Yes No

Does it cover your overseas travel? Yes No

Name of your insurance company and their emergency contact number:

Are there any other special considerations we should know about in processing your application? If so, please list:

In case of emergency, please notify:

Name

Relationship

Telephone

A. What are your reasons for desiring to participate in this mission trip?

B. Keeping in mind the purpose as described in the brochure, what are your expectations for this experience?

C. Will you agree to do pre-travel study of materials provided or recommended by organizers? Yes No

D. Are you adaptable to simple accommodations, often including dormitory-style living? Yes No

E. Will you agree to do post-travel interpretation of your experience?

Yes No

In what way?

F. Have you ever lived in or visited other countries? If so, describe your experience, including the countries and dates.

G. Please describe any skills, interests, or hobbies (like photography) that might be useful on the trip or in the interpretation experience after the trip. Will you be willing to share photographs and notes after the trip for the benefit of all participants and the larger church?

H. Do you speak any foreign languages? If yes, which ones? How fluently?

I. Will you be able to pay the entire cost by the deadline (6 weeks prior to trip date)?

J. Do you agree to participate in the orientation and debriefing and travel with the group at all times during the period of the seminar?

Yes No

If no, explain:

K. Information to be Shared

Please write a brief biographical paragraph that can be shared with other trip participants before the meeting. Tell about yourself, your work, interests, family, church involvement, and any other experiences that have influenced you or that you would like to share. Include the name that you like to be called. Attach to this application.

L. Church Information

Name of your congregation:

Name of your presbytery:

Describe your involvement in the mission of your congregation, presbytery, or synod:

M. Please read and sign this agreement:

I agree to all the conditions relevant to the travel seminars of the Presbyterian Church (U.S.A.). I will complete the required study in advance, take part fully in all aspects of the trip, including the orientation and debriefing, and use the insight gained for the furthering of the goals of the group to the best of my ability. I will also fulfill all my financial obligations.

Signed: _____

Date: ____ / ____ / ____
 Month Day Year

Please send completed application form to:

Leader's name:

Address:

or

 (Office name and contact)