

Mexico Mission Trip 2010 Application

October 9-17, 2010
(Medical Experience Preferred)

Your Name (as it appears on passport): _____

Nick Name: _____

Home Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Date of Birth: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Parent's E-mail (if under 15 yrs. old): _____

Church: _____

For Medical Mission Week:

Medical Training: _____

Specialty Area: _____

Tell us a little about your family:

Tell us a little about your work:

Share with us about your special skills, talents, languages, etc.:

Activities that you are involved in at your church:

Travel or work experiences in other sections of the U.S. or in countries outside the United States, including previous mission experience:

Why do you want to participate in this mission trip?

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Click "Save Form" button above and save this filled-in form to your computer.
Then, send an e-mail to bvanderpe@salempresbytery.org with this form included as an attachment.