

WMU Mission Trip Application

Name _____

Address _____

City _____ State _____ Zip _____

Occupation _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ E-Mail _____

Facebook _____

Church _____ City _____

Association _____

Birth date _____ Marital Status _____

Why do you want to be a part of this mission trip? _____

What are your Spiritual Gifts _____

What special skills or abilities do you have that can be used on the mission field?

What mission trip experiences have you had? _____

Do you have any health issues that would prevent your full participation in a mission trip? _____ If so, please detail _____

Is there anything else you would like to tell us about yourself? _____

Emergency Contact Information

Name _____
Phone Numbers _____
Relation _____

Reference

WMU Director/Church Leader's Name _____
Address _____
City _____ State _____ Zip _____
Phone (include area code) _____
Cell Phone _____ Work Phone _____
Email _____

NOTE: Please attach a current picture of yourself. Mail application by April 27, 2012 to:

**Julie Keith
WMU NC
P O Box 18309
Raleigh, NC 27619**

Complete the following for the mission trip(s) of your choice:

Date	Location	Leader
Date	Location	Leader