Blessing the Children International Mission Trip / Internship Application

Google ShortTermMissions.com Past Missionary	Other:	
I. Select Trip Type and Dates		
Mission Trip (Individual)	Dates:	
II. General Information		
Full Name:	Nickname:	
Address:	Cell: ()_	DECT THE TO CALL
	Other: ()	BEST TIME TO CALL
		BEST TIME TO CALL
Gender: Age:		
Marital Status: Single Engaged Married Divor	rced Widowed	
If married, spouse's name:		
Are you currently enrolled in college?: No Yes		
# of semesters completed: Graduation Year:	: GPA (4.0 scale):
College:	Major:	
College Address:		
III. Family Information (if under 21 years of age) Name of Parent(s) / Guardian(s):		
Name of Parent(s) / Guardian(s):		BEST TIME TO CALL
Name of Parent(s) / Guardian(s):Address:	Cell: ()	BEST TIME TO CALL
Name of Parent(s) / Guardian(s):Address:	Cell: ()Other: ()	BEST TIME TO CALL
Name of Parent(s) / Guardian(s):Address:	Cell: ()Other: ()	BEST TIME TO CALL
Name of Parent(s) / Guardian(s):Address:	Cell: ()Other: ()	BEST TIME TO CALL
Name of Parent(s) / Guardian(s): Address: IV. Employment Information	Cell: ()	BEST TIME TO CALL
Name of Parent(s) / Guardian(s): Address: IV. Employment Information Occupation:	Cell: ()	BEST TIME TO CALL
Name of Parent(s) / Guardian(s): Address: IV. Employment Information Occupation: Company / Employer:	Cell: ()	BEST TIME TO CALL
Name of Parent(s) / Guardian(s):	Cell: ()	BEST TIME TO CALL
Name of Parent(s) / Guardian(s):	Cell: ()_ Other: () E-mail: Phone: () Yes	BEST TIME TO CALL
Name of Parent(s) / Guardian(s):	Cell: ()	BEST TIME TO CALL

VI. Insights	to realization for this trip?		
what monvaled you	ı to volunteer for this trip?: _		
List your skills, hobb	oies, and abilities, and their r	elevance to the trip:	
VII. Travel Inform	ation		
Preferred departure airport:		2nd choice:	
T-shirt size: Sma	all Medium Large	X-Large XX-Large	XXX-Large
Country of citizensh	ip:		
Do you have a valid	passport?: No Yes,	number:	
VIII. References (pastor, teacher, coach, emplo	oyer, or mentor unrelated to	applicant)
Name	Relation	Phone	E-mail
Name	Relation	Phone	E-mail
Name	Relation	Phone	E-mail
release, and forever demotional, or proper International, their meall damages and liability of my traveling to, par	lischarge any and all rights and ty damage or loss of any na- embers, officers, agents, represe tities which may be sustained ar ticipation with, and return from	I claims for injury or illness (in ture, which I may hereafter entatives, successors, and/or a and suffered by me in connection any Blessing the Children Inte	y heirs, executors, and administrators waive neluding death) whether physical, mental, o accrue to me against Blessing the Childrer ssigns, individually or collectively for any and with my associations with and/or arising oue ernational work, services, or activities.
questions honestly an	e that I have read and agree to ad accurately to the best of my heChildren.org/Forms/Team_N	ability. Team & Missionary F	
Applicant		Parent/Guardian (1	nust sign if applicant is under 18)
Printed Name:		Printed Name:	
Signed:	Date:	Signed:	Date:
			eChildren.org and the application fee paid check with signed application.

 $\label{lem:continuous} \textbf{A hand-signed application must be mailed, even if submitting the application electronically.} \ Application will not be processed without payment. \\ \underline{\textbf{Please attach a recent photo to your application.}}$

