

MEDICAL
Mexico Mission Trip 2016 Application

Which week or weeks would you be interested in going to Chiapas, Mexico?

January 30-February 7 2016	Medical week
February 6-14 2016	Medical week

circle one that applies

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 yourself – family, work, church:

Are you an ordained Elder, Deacon, or Pastor?

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?