

## LBC Deaf Church Haiti Team 2018

Submit application, \$100 deposit, and a copy of your passport and health insurance card by 3/1/2018 to:  
Pastor Jeff Jackson and the LBC Missions Department, 2801 Ashe Road, Bakersfield, CA 93309.

### Personal Information

Name as it appears on your passport \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Marital Status \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex  Male  Female

If you are a student, in which grade will you be at the time of the trip? \_\_\_\_\_

How long attending LBC DFC? \_\_\_\_\_  Member  Regular Attender

Are you a United States Citizen?  Yes  No

Do you have a valid passport?  Yes Passport Number \_\_\_\_\_ Expiration date \_\_\_\_\_  
 No You should apply for one (or a renewal) as soon as possible!

### References

Who are three people we could talk to about your fitness (physical, emotional, spiritual) for this type of ministry?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

LBC Pastor or Church Leader \_\_\_\_\_ Phone \_\_\_\_\_

### Briefly answer the following questions.

How did you become a Christian?

What previous missions or outreach experience do you have, if any?

The team will hold several training meetings, which may include an overnight meeting. Team members must participate in all team meetings. Are you willing to make and keep your commitment to attend these meetings?

Each team member will be expected to raise funds to help cover the team expenses. This will be done primarily through writing letters to ask for financial support. Do you have any concerns about doing this? Do you anticipate that you will contribute personal funds to the team?

### **Confidential Information**

This section is required for consideration of your application. Please answer the questions honestly. This information will be treated confidentially and will be seen only by individuals directly involved in your application decision and appropriate leadership.

**If you are under 18 years of age, your parent or guardian must read the questions in this section and give consent for you to answer them by signing below.**

Parent Signature of Authorization \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent Email \_\_\_\_\_

Have you ever been convicted of a crime? If so, please describe.

Have you ever been under treatment for mental/emotional disorders? Have you in the past or are you currently taking medication for these issues? If so, please list.

Please describe your general health condition. Describe any medical condition(s) that a doctor might need to know of during the trip.

What prescription medication do you take?

Please list any known allergies (food, insects, medicine).

Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Blood Type \_\_\_\_\_ **Attach a copy of your medical insurance card.**

In case of emergency, who should we contact?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

To submit your completed application, you must also submit your \$100 deposit,  
a copy of your passport, and a copy of your health insurance card!