



# ONE WEEK MISSIONARY APPLICATION

Full Name: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone \_\_\_\_\_

Home Church: \_\_\_\_\_ Pastor \_\_\_\_\_

Occupation: \_\_\_\_\_

Whom should we contact in case of emergency: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please list any diet restrictions or needs: \_\_\_\_\_

Please give a statement regarding your general health: \_\_\_\_\_

Which foreign languages do you speak?: \_\_\_\_\_

How did you hear about Willing Servant Ministries: \_\_\_\_\_

Passport # : \_\_\_\_\_ Issuing Country \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please list your top 3 skills for use on the mission field:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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I understand that Willing Servant Ministries is not to be held responsible for expenses incurred by illness or accident while or subsequent to my stay in the Dominican Republic. I agree to provide my own personal accident/health insurance.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PARENT'S SIGNATURE FOR VISITORS UNDER AGE 18)

\_\_\_\_\_  
(DATE)