

# ONE WEEK MISSIONARY APPLICATION

Tentative date of your arrival in Haiti/Dominican Republic \_\_\_\_\_. All visitors must arrive on Saturday and depart on the following Saturday, for one week only.

I have booked my flight on American Airlines Flight **#1291** from Miami to Port-au-Prince, Haiti.

I have booked my return flight on American Airlines Flight **#816** from Port-au-Prince, Haiti to Miami.

I have booked my flight on American Airlines Flight **#979** from Miami to Porta Plata, Dominican Republic.

I have booked my return flight on American Airlines Flight **#978** from Porta Plata, Dominican Republic to Miami.

Member Code # \_\_\_\_\_

Have you been on a trip with New Missions?  Yes  No Date of last visit: \_\_\_\_\_ Where? \_\_\_\_\_

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_  Male  Female

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

Email Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Home Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Church Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Years Attended \_\_\_\_\_

T-Shirt size:  Small  Medium  Large  X-Large

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

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

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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 New Missions? \_\_\_\_\_

If you sponsor a child with New Missions, what is his/her name and identity number so we can make arrangements for you to visit your child. \_\_\_\_\_

Please list your top three skills for use on the mission field.

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

Passport# \_\_\_\_\_ Issuing Country \_\_\_\_\_ Expires \_\_\_\_\_

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

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

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

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

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



**PLEASE HELP BRING NEEDED SUPPLIES!**

Call our office if you can reserve one suitcase for priority supplies from the Orlando office.

This application must be returned with a \$100 deposit 60 days prior to trip to secure your spot. The balance of your mission lodging fee must be paid in advance to the U.S. office at least 30 days prior to your trip date. Mastercard and Visa accepted.