



By The Holy Spirit

PARTICIPANT APPLICATION FORM

Name _____ Street Address _____

City _____ State/Province _____ Zip Code _____

E-Mail Address _____ Phone _____

Occupation _____ Employer _____

Date Of Birth _____

Check if:

- unemployed
 self-employed
 student

Name and Address of Church _____

Name of Pastor or Leader _____

Please indicate your area of expertise or interest in serving on our mission team:

Physician Nurse Pharmacist Translator Music ministry Logistics / Operations

Other (please specify) _____

Have you ever gone on a mission trip before? Yes No

If yes, please list date(s) and organization(s) _____

Are you a licensed Health Care Provider? Yes No (If yes, we will ask you to complete and sign a health care provider information sheet)

Have you ever been convicted of a felony? Yes No

Please tell us why you would like to join this outreach: _____

It is important to understand that this is NOT a tourist trip. Rather, it is an outreach to serve the people of our host communities and fellow team members. Please share how you intend to serve others while on a mission with BTHS:

By signing below, I acknowledge that I wish to travel and serve with By The Holy Spirit Medical Adventure Evangelism. I agree to abide by all the policies and principals of the organization. I have read and agree with the core beliefs and values of the organization and believe I can be faithful contributor to the medical missionary team.

Signature _____ Date _____

Date and location of desired mission trip _____

Please include a \$100 application fee with this application. The fee will be applied to your total travel cost.
Mail to: By The Holy Spirit, P.O. Box 58213, Cincinnati, OH 45258