



PARTICIPANT APPLICATION FORM

Name _____ Street Address _____

City _____ State/Province _____ Zip Code _____

E-Mail Address _____ Phone _____

Occupation _____ Employer _____

Date Of Birth _____

Name and Address of Church _____

Name of Pastor or Leader _____

Check if:

- unemployed
 self-employed
 student

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. Accommodations, meals, and travel and working conditions are what they are. 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, to refrain from tobacco and alcohol use during the outreach, and to strictly adhere to the organization's high standards of personal conduct. 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 58112, Cincinnati, OH 45258