



Mission Trip Participant Form

Trip Information

Trip name Mission Trip to the Mexico/Arizona Border
 Trip location Agua Prieta, Mexico and Douglas, Arizona
 Trip dates October 12-19, 2019

Personal Information

Name _____
 Address _____

 Email _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Check primary phone contact: Home Work Cell
 Age _____

Emergency Contact Information

Name _____
 Relationship _____
 Phone _____
 Email _____

Church-related Information

Are you a member of Fifth Avenue? Yes No
 Are you a member of another church? Yes No
 If yes, which church? _____
 Please describe your participation in church activities: _____

 Have you participated on a Mission Trip before? Yes No
 If yes, where and when? _____



Mission-specific information

Why do you want to participate in this Mission Trip? _____

List the skills and experiences you think will be useful on this Mission Trip (check *all* that apply):

- Music (guitar, voice, other)
- Photography
- Videography/Photography
- Public speaking
- Leading devotionals/Bible study
- Pastoral skills
- Meal preparation
- Medical skills Describe (CPR, first aid, etc.): _____
- Spanish: None Basic Intermediate Fluent
- Other skills (languages, computer, cultural, etc.): _____

Group Information

You will be asked to participate in reflection, devotionals, prayer and Bible study during this Mission Trip.

Mission Trip team members typically share accommodations and activities, participate in daily group worship/reflection, defer decision-making to the designated leaders, and are required to be punctual and congenial.

There are several planning and training team meetings in the months, weeks and days leading up to this trip, and it is expected that you will make every effort to attend all of these meetings.

Individual Information

What do you expect to give during this Mission Trip? _____

What do you hope to gain from this Mission Trip? _____

What concerns do you have about participating in this Mission Trip? _____

Do you foresee any activities that would prevent you from participating in the trip preparation? _____



Health Information

How would you rate your general health? [] Excellent [] Above Average [] Below Average

Please list any medical or physical conditions (allergies, disabilities, etc.) that may limit what you are able to do. _____

Please list any dietary restrictions: _____

Are your inoculations required for this trip/region up-to-date? [] Yes [] No

Are you taking any prescription medication(s)? [] Yes [] No

Do you need a doctor’s written approval to go on this trip for any reason? [] Yes [] No

Short Answer

What other information about you will help us get to know you better and support you in your participation in this trip? _____

Please return this proposal by one of the following:

- Email, with a cover note, as an attachment to lhurst@fapc.org
- Drop a printed copy, with a cover note, at the church reception desk in an envelope addressed to the attention of the Lance Hurst, or
- Mail a printed copy with a cover note, to the attention of:

Lance Hurst
Fifth Avenue Presbyterian Church
7 West 55th Street
New York, NY 10019

OFFICIAL USE ONLY:

Received:

Remarks, Status: