

Full Name _____

Date of Birth _____ Passport # _____

Phone # _____ Email _____

Church Name _____

Does your Church contribute to the Margaret Lackey Fund? yes no

Have you ever been on a foreign mission trip before? yes no

Have you ever completed Sentinel Training? yes no

If yes, what was the date most recently completed? _____

Do you have any family members participating on this trip? yes no

Do you have a preference for a roommate? yes no

If yes, please provide his/her name. _____

Using the numbers 1-10, please rank the following ministries in order of interest with 1 being the activity with which you are most interested and 10 being the activity with which you are least interested.

_____ Construction work

_____ Door-to-Door Evangelism

_____ Group Evangelism (at the clinic)

_____ Vacation Bible School

_____ School visits

_____ Helping with reading glasses and sunglasses

_____ Taking blood pressure and glucose levels

_____ Administering fluoride treatments

_____ Leading the group's daily devotional (only 1 per week expected)

_____ Singing (solo/duet, etc.) in church service

Leadership use only:

Bag # issued _____

Money returned _____