

**CAROLINA CONFERENCE OF SDA
MISSION TRIP APPLICATION
February 25 - March 12, 2009
Tepic, Jalisco**

RETURN this application plus **\$50.00 registration fee** to:

Carolina Conference of SDA
Youth Ministries Dept.
P. O. Box 560339
Charlotte, NC 28256-0339

**MUST HAVE A CURRENT PASSPORT
and
ALL APPROPRIATE SHOTS**

Date _____ T-Shirt Size: S _____ M _____ L _____ XL _____ XXL _____

FULL Name (as it appears on passport) _____ Age _____ Sex _____

Address _____ Home #(_____) _____

City _____ State _____ Zip _____ Work #(_____) _____

Birth Date _____ Marital Status _____ Cell #(_____) _____

Grade in School _____ E-Mail Address _____

Parent/Guardian's Name _____
(Last) (Mother) (Father)

Home Church _____ Occupation _____

Emergency Contact # (_____) _____ Emergency Contact Person _____

MUSICAL ABILITIES:

Do you play a musical instrument? _____ What instrument(s) _____

Have you had any singing experience? Solos _____ Duets _____ Trios _____ Quartets _____

Would you be willing to lead a group in singing? _____ Yes _____ No

Would you be willing to do special music? _____ Yes _____ No

LEADERSHIP EXPERIENCE:

List any skills, responsibilities, or experiences you have had in construction, medical, or children's ministries _____

PUBLIC SPEAKING ABILITY:

Have you had experience working with children at camp, VBS, etc.? _____ Yes _____ No
If so, please explain: _____

I will tell a story on one or more of the following:

Children's Story _____ Health Talks _____ Personal Testimonies _____ Sermonettes _____

FINANCIAL PLANS: _____ **Total cost per applicant is: \$1000.00**

How will your fee be paid? Self _____ Family _____ Church _____ Other _____

<u>Payment Deadlines:</u>	
\$300.00	December 30
\$300.00	January 15
\$350.00	February 15

INSURANCE COMPANY: Our Insurance Company is RISK MANAGEMENT

MOTIVATION: Explain why YOU want to be a team member of the Carolina Conference Mission Trip: _____

I, the applicant, have read this application and understand all that is asked and expected of me. I understand the possibility of uncomfortable living/travel conditions to be encountered on this project. I am in good health and am willing to endure some physical discomforts during this experience. I also understand the necessity of meeting payment schedules on time as outlined above. I hereby state that I will abide by the guidelines established for this mission trip.

(Applicant Signature)

(Parent/Guardian if under 18 years of age)

RECOMMENDATION

(Please obtain signatures below)

Recognizing the high spiritual aim of the **Carolina Conference Mission Trip**, we endorse this applicant as a member whose personal spirituality and diverse abilities would make this applicant an asset to this mission trip. We feel his/her speech, diet, appearance, and daily conduct is representative of the Seventh-day Adventist Church.

(Signature of Pastor)

(Signature of Principal if in private school)