

2025 ALASKA MISSION TRIP APPLICATION

Name: _____

*Clearly print name as it appears on your passport or driver's license (Last, First, Middle)

T-shirt Size: _____ Sending Church: _____

Gender: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

Housing concerns/preferences we should be aware of: _____

Health Concerns we should be aware of: _____

Prescription Medications: _____

Allergies(Medicine, Food, Other): _____

Emergency Contact Information

Name: _____

Relationship: _____ Phone: _____

Ministry Preferences: (Check all that apply)

_____ Construction

_____ Cooking

_____ VBS

_____ Van Driver

_____ Lead one of the Nightly Devotions

If you are planning to be a driver, please attach a copy of your driver's license and insurance card.

Signature of Applicant: _____

Date Signed: _____