



Mail completed form with a \$100.00 deposit to:

Love A Child, Inc.
9304 Camden Field Parkway
Riverview, FL 33578
(813) 621-7263

APPLICATION FORM

Note: If this is your first trip, please submit photo and two letters of recommendation, preferably from your Pastor and Employer. Mail this information and deposit to the above address.

Country _____ Dates _____

Please Print:

1. Your Full Name _____ Age: _____ Sex: _____

(AS IT APPEARS ON YOUR PASSPORT OR U.S. ID)

2. Mailing Address _____

3. City _____ State _____ Zip _____

4. Home Number (_____) _____ Business Number (_____) _____

5. Cell Number (_____) _____ Email address _____

6. Date and Place of Birth _____

7. Marital Status (Check One) Married _____ Single _____ Divorced _____

8. Occupation _____

9. Emergency Contact _____ Phone/ Cell _____

10. If you do attend church, where? _____

11. Your Pastor's Name and Phone Number _____

12. Do you have a valid Passport? _____

13. Have you ever been on a missionary trip before? Or a trip to any other foreign country? If so, what Country and with whom? _____

14. Do you have talents you can use on this trip? Do you sing, play a musical instrument, teach, preach, or lead a children's ministry? Do you have carpentry or building skills, or any medical or dental experience/ skills?

15. Are you an Ordained Pastor, Minister, Missionary or Bible Teacher? _____

16. Check the areas of work/ ministry that you would be interested in helping (you may check more than one)
Medical Clinic _____ Dental Clinic _____ Bible Teaching _____ Evangelical Services _____
Building/Carpentry _____ Children's Ministry _____ Cooking for the Team _____ Wherever Needed _____

17. Do you have any difficulty in submitting yourself to leadership, men's or women's? _____ Do you love being with people? _____

18. Are you willing to work hard? _____

19. When things don't go "as planned," are you easily upset? _____

20. Are you in good health? _____ Do you have or have you ever been under a doctor's care for heart problems, diabetes, breathing problems, difficulty in walking, back problems or any other serious illness? (This includes "symptoms" you may be having now.) _____

21. Are you taking medication at the present time? _____ If so, for what? _____

22. I am enclosing a \$100.00 (check) _____ (cash) _____ (money order) _____
for my deposit, I understand this money is non-refundable.

23. I understand that:

1. In the event I am not able to raise all the monies needed for the missionary trip, any portion already submitted to Love A Child, Inc. is not refundable. If only a portion of the money needed is raised, it will remain in a special account for me for up to three months; in that period of time, I can use the money towards another trip. After that period of time, if I cannot go for any reason, the money will return to the General Missions Account.
2. I further understand that there could be a possibility of the trip being postponed due to hurricanes and/ or other unpredictable forces of nature or that political problems or "unrest" within the country could mean possible danger to team members. In that event, the trip would be postponed to a later date and the team members could choose the next available trip to that particular country.
3. Love A Child, Inc. is not responsible for any articles lost or stolen or damaged before, after or during the trip. I understand that Love A Child, Inc. is not responsible for any accidents, sickness or illnesses that may result from this trip or any sickness, illness or accident that may occur during the trip or may be a result from the missionary trip.
4. In the event of sickness, accident or illness overseas requiring medical help, doctor's care or hospitalization, I understand that I am fully responsible for all medical, hospital and doctor's fees.
5. I hereby give permission to Love A Child, Inc. to use any audio or video recordings, photos or interviews in promoting their missions outreach, either through radio, television or printed materials.
6. I have read the application and agree to take the prescribed medications and abide by the rules. I have no physical problems which would hinder me from going, from walking or participating in any way.

(Sign Your Name Here)

Tee-Shirt Size: Small _____ Medium _____ Large _____ X-Tra Blessed _____