



COCHUSA

Youth Mission Trip

Honduras Central America

World Mission Board of COCHUSA

June 5 – 12, 2007

WMB Short Term Mission's APPLICATION FORM

Date: _____

PLEASE PRINT Last Name First Name Middle Name

Address: _____
Street City/State Zip Code

Phone Number: Home: _____ Cell: _____
(Area Code) Number (Area Code) Number

If under 18 years of age - Parent's cell number: _____

Date of Birth: _____ Your Age: _____ Male Female (Circle One)

Your email: _____
PLEASE PRINT CLEARLY

Second email: _____
PLEASE PRINT CLEARLY

School: _____ Grade: _____

Please write what YOU might trust God to do in and through YOU while serving in Honduras:

Church Name:

Church Address:

Street

City/State

Zip Code

Church Phone Number:

(Area Code) Number

Pastor's Name:

Pastor's email:

Church's email:

PLEASE GIVE THE NAME, EMAIL, PHONE OF THE FOLLOWING:

Local Sunday School Superintendent:

Local UCWM President:

Local Brotherhood President:

District Chairman:

Diocese World Missions Board Representatives:

Do you speak Spanish? Yes No (Circle One)

Please list your talents, skills, interests, and/or spiritual gifts, which may be used in properly placing you on one of the mission projects and or work/serving teams while in Honduras. If you would like to coordinate a special project (such as youth Bible Study, etc. please indicate that below as well.

1. _____

2. _____

3. _____

4. _____ (Use the back to list more)

If you have been on another mission's trip please list when and where:

1. _____
2. _____

Do you have any physical or medical limitations that might hinder you from being able to fully participate?_____

Applicant's Signature:

Parent's Signature (**if under 18 years old**):

Pastor's Signature:

District Chairman's Signature:

Presiding Diocese Bishop's Signature:
