



APPLICATION FOR SHORT TERM MISSION TRIP

Complete and mail the application and Pastor Recommendation letter to: SENT, PO Box 80317, Canton, Ohio 44708-2389 ATTN: Bob Hutton (bhutton@sentinc.org 330-936-5208)

Name of trip you are applying for: _____ Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Daytime telephone: _____ Evening telephone: _____

Marital Status: single married divorced separated

Occupation: _____

Do you have a current passport? _____ Passport number _____

What other countries have you visited? _____

Name of Church: _____ City: _____

Are you a member? yes no

Name of Pastor: _____

In case of emergency, whom should we notify: _____

Relationship: _____ Telephone number: _____

Please describe any medical information that a doctor may need to know about on this trip: _____

Please list any allergies: _____

Please list any prescription drugs that you take: _____

Doctor's name: _____ Telephone number: _____

Please describe your overall health: _____

Do you play an instrument? _____ Please list what instruments: _____

Do you sing? _____ Name of songs you sing: _____

This is an application form only. By submitting this form I understand that I am not guaranteed acceptance or a position for the trip. Upon review, further information will be provided to me that will determine my final decision.

Signed: _____ Date: _____