

General Information

Trip Destination: _____ Date of Trip: _____ Trip Reference Code: _____

Legal Last Name: _____ Legal First Name: _____ Gender: M F

Name you prefer to be called: _____ T-shirt Size: _____

Home Address: _____

_____ (city) (state) (zip code)

Home Phone: () Work: () Cell: ()

Email Address: _____

How did you hear about this trip? _____ Do you have a roommate request? _____

Are you willing to be a representative of Christ and Buckner during your time overseas? YES NO

Are you willing to be led by the authority of Buckner staff while overseas? YES NO

Travel Information

Have you traveled with Buckner within the past 18 months? YES NO If YES, list most recent trip: _____

Have you ever been convicted of a crime, other than a minor traffic violation? YES NO

If yes, please explain on back of page.

List any languages spoken other than English: _____

General Health: Above Average Average Below Average

List any Chronic Health Problems: _____

List any Physical Limitations/Disabilities/ Restrictions (climbing stairs, extended walking, back fatigue, etc.)

List any allergies (food, medicine, etc): _____

Medication you are currently taking: _____

Character References/Ministry Information

*** Participants who have traveled with Buckner within the past 18 months do not need to complete this section**

What is your local church affiliation? _____

Church's Phone Number: _____ Are you a Member? YES NO

Name of Character Reference: _____

Relationship: _____ Phone Number: _____

Please explain your answers to the following questions; use the back of this page or attach additional pages if necessary:

1. How did you come to know Jesus Christ as your personal Savior?
2. Please describe how your relationship with Christ is currently being developed.
3. What is the most difficult experience you have faced in your life?
4. What are your prayer requests concerning your involvement with this mission project?

Passport Information

*** To obtain a passport, visit government website: <http://www.travel.state.gov/passport>**

Date of Birth: _____ Place of Birth: _____

Passport Number: _____ Citizenship: _____

Buckner must have your official passport number no less than 60 days prior to departure.

Acceptance of your application to travel on the mission trip is in the sole discretion of Buckner and without explanation.

Mail COMPLETED APPLICATION and \$250 NON-REFUNDABLE DEPOSIT:

BUCKNER
Attn: MISSIONS
4830 Samuell Blvd
Dallas, TX 75228

RB:
Date: