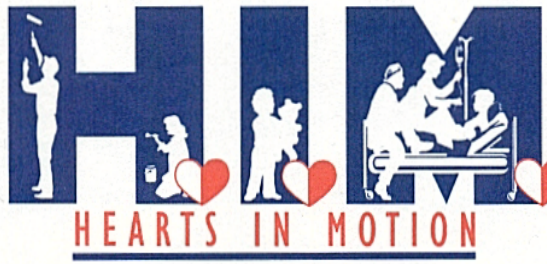


**MISSION
TEAM
APPLICATION**



3319 West 45th Avenue
Highland, IN 46322
(219) 924-2446
fax (219) 922-1694
HeartsInMotion1@aol.com

NAME (as it appears on passport) _____ Date _____

Referred By _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ FAX _____ E-MAIL _____

EMERGENCY NUMBER _____ AGE _____ DATE OF BIRTH _____ MARITAL STATUS _____

***Please circle the size for your team T-shirt! S M L XL XXL XXXL**

***What trip did you want to go on?** _____

***Please list your nearest major airport for your departure** _____

Place(s) of employment: _____

What is your position(s) and how long have you been affiliated there? _____

Have you ever traveled outside of the United States? YES NO

When and where? _____

What role would you like to play as a member of a mission team? _____

Do you speak a foreign language, please indicate the language and degree of fluency: _____

Are there any countries in which you would prefer to travel? _____

Would you consider being a part of a prescreening (no surgery, scouting sites for future trips) team? _____

Would you be interested in lecturing abroad on a topic in which you specialize? _____

Do you have any health problems, take medication regularly, or require a special diet? _____

Do you have any physical challenges that might require special assistance? (Wheelchair, braces, Etc.) _____

All those who participate in a *Hearts In Motion* trip do so voluntarily and at their own expense. This application does not guarantee anyone a place on the team. The information supplied by the applicant enables staff to select those individuals we feel would best meet the needs of any specific team. IF APPLICABLE, PLEASE PROVIDE A COPY OF YOUR CURRENT LICENSE AND CURRICULUM VITAE. PLEASE SEND THIS COMPLETED APPLICATION ALONG WITH A LETTER OF RECOMMENDATION TO THE H.I.M. OFFICE AND THE FIRST \$500 AS THE DEPOSIT.