



*Est. Cost:	\$1850.00
Deposit:	\$250.00
Deposit Due with Application & includes background check fee	
Application Deadline: 5/1/2021	
1st Pmt Due : 6/15	\$533.00
2nd Pmt Due: 7/15	\$533.00
Final Pmt Due: 8/15	\$534.00

**Mission Service Application Form
HAITI October 2 -8, 2021**

PLEASE SUBMIT THIS APPLICATION WITH YOUR NON-REFUNDABLE DEPOSIT

Personal Information:

*****Please provide your full legal name as it appears on your passport.**

Name: _____ Name you prefer to be called: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _() _____ Work Phone: _() _____ Cell: _() _____
 Fax Number: _() _____ Email Address: _____
 Sex: M F Age: _____ Date of Birth: (Month/Date/Year) _____
 Marital Status: ___ Single ___ Married ___ Separated ___ Divorced Other: _____
 Place of Employment: _____ Work Phone: _() _____
 Spouse's Name: _____ Contract Phone: _() _____

T-shirt size ___S ___M ___L ___XL ___XXL

*Final cost based on airfare at time of booking.

Passport Information: Must Be Submitted

Citizenship _____ Country of Birth: _____
 Passport Number: _____ Expiration Date: _____
 City and State where passport was issued: _____

***** (Please submit a copy of the Identification Page of Passport with this application)**

Emergency Contact information:

Name: _____ Relationship: _____
 Contact Phone: _() _____ Cell: _() _____ Other: _() _____

Name: _____ Relationship: _____
 Contact Phone: _() _____ Cell: _() _____ Other: _() _____

If you are under the age of 18, please give the following information.

Do you have Parental Permission and Support for this Mission trip? ___ YES ___ NO
 Parent's Name: _____ Contact Phone: _() _____
 Parent's Name: _____ Contact Phone: _() _____

Previous Mission Trips:

List all Mission Trips you have been on before.

Qualifications/Skills/Abilities:

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other mission trips that you will apply on this project.

Areas of Preferred Service:

(i.e. carpentry, leading Bible Clubs, music, evangelism, medical, etc.)

Church Membership Information:

Name of Church: _____ Name of Pastor: _____
Address of Church: _____ Church Phone: _(____)_____

PERFERRED MAJOR INTERNATIONAL AIRPORT FOR DOMESTIC DEPARTURE

Airport Name: _____ (New Orleans, Dallas, Atlanta, etc.)

Have you ever been convicted of a crime, other than a minor traffic violation?

_____YES _____NO Please explain:

My full name below is intended to be my signature and indicates that I authorize Orphans Embrace, Louisiana Baptist Children’s Home and Family Ministries to verify the information in this application, including conducting a background screening. This fee for this screening is \$40.00 and is included in the total price of the trip.

Full Name: _____ Social Security Number: _____

I attest by signing below that the information provided in this form is true and accurate to the best of my knowledge. If under the age of 18, Parents must sign below.

Signature: _____ Date: _____

Print Name: _____

PAYMENT INFORMATION: Trip is on first come basis. To reserve your trip, complete application process online or mail application packet and \$240.00 non-refundable deposit at your earliest convenience. If paying by mail, send deposit and payments in form of check or money order to:

LBCH P.O. Box 4196 Monroe, LA 71211 Attn: Orphan’s Embrace Denote “Haiti Trip” in memo line

REFUNDS:

Refunds will only be made after airline cancellation fees are paid.