



Love. Transform. Serve.

trinity

GUATEMALA MISSION TEAM APPLICATION

Approximate travel dates Oct. 31 - Nov. 8, 2009

Full name:

**Name as it appears on your passport.
(VERY IMPORTANT: it must be exact)**

Address:

Home Phone No.:

Cell Phone No.:

Email Address:

Trinity Lutheran Church Member: Yes No

Age Range (to assist in developing the team): 18-25; If in college, major and year _____
 26-39 40-64 65+

1. Why do you want to participate on this mission team? How do you want to use this trip to explore your relationship with God?

2. Of your talents/gifts/skills/strengths, what do you think may be particularly helpful on this mission trip.

3. Please check any of the following in which you have knowledge or experience:

- | | |
|---|--|
| <input type="checkbox"/> chemistry, biology, physics | <input type="checkbox"/> agriculture/farming |
| <input type="checkbox"/> masonry/concrete | <input type="checkbox"/> spiritual leadership |
| <input type="checkbox"/> engines/motors | <input type="checkbox"/> electricity/wiring |
| <input type="checkbox"/> grant writing or fund raising | <input type="checkbox"/> carpentry |
| <input type="checkbox"/> teaching | <input type="checkbox"/> language/communication |
| <input type="checkbox"/> trades education | <input type="checkbox"/> water system design/maintenance |
| <input type="checkbox"/> health/medical field (specify here: _____) | |

Form is continued on back.

