



## First Fruit Haiti Mission Trip Form

Full Name: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male/Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ (home/cell/work)

\_\_\_\_\_ (home/cell/work)

E-mail address: \_\_\_\_\_

Church you attend/church background: \_\_\_\_\_

\_\_\_\_\_

Health Concerns (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions or Preferences: \_\_\_\_\_

\_\_\_\_\_

Previous missions experience (in or out of country): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reasons for wanting to go on this trip:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Skills/talents/interests/knowledge that might be helpful on the trip:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts:**

Emergency Contact Person #1:

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

Phone number:\_\_\_\_\_ (home/cell/work)

E-mail address:\_\_\_\_\_

Emergency Contact Person #2:

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

Phone number:\_\_\_\_\_ (home/cell/work)

E-mail address:\_\_\_\_\_

Participant's Signature:\_\_\_\_\_

Date:\_\_\_\_\_