



Saint Paul Catholic Church

Mission Honduras Application - _____ (Year)

Trip

____ Youth * ____ Collegiate/Adult ____ Doctor ____ Nurse Other: _____

* If you are under 18 years of age you must be accompanied by an adult. Name of Adult: _____

Biographical

Missionary's full legal name as stated in passport or on birth certificate:

First Name *Middle Name* *Last Name* *Title*

Common Name: _____ Date of Birth: _____

Gender: ____ Male ____ Female Are you a US Citizen? ____ Yes ____ No

If No, Name of Country: _____ Do you have a current Passport? ____ Yes ____ No

Passport Number: _____ Passport Expiration Date: _____

T-Shirt Size: ____ Small ____ Medium ____ Large ____ X-Large ____ XX-Large

Home Address

Street: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

Email Address: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

For Office Use Only

Checklist Item	Date Completed	Reviewed by
Application Complete		
Covenant is Signed		
Medical Release is Complete and Signed		
Minor Form is Signed and Notarized		
Financial: \$ _____ ____ Cash ____ Check ____ Receipt Issued	Received by: _____ Name on Check: _____ Fund Raising Pack Issued/Missionary Initials when received: _____	

The Call

Briefly explain why/how you believe you have been called to serve in Honduras:

Ministry Interest

Check all areas where you have special interests and/or skills to serve in Honduras.

Community Building

- Morning Prayer Leader
- Evening Prayer Leader
- Team Building

Construction/Community Helper

- Handyman
- Carpentry

Medical

- Dentist
- Doctor
- Nurse
- Medical Support

Admin/Support

- Translator
- Tech Equipment Support
- Travel Coordinator

I would be willing to take a Leadership role

Other: _____