

Application for Mission Guatemala 2018

loving God
loving people
changing the world

Bethel Baptist Church
PO Box 1617 or 23307 Roberts Road, New Caney, TX 77357
281-689-3958 * bethelnewcaney@yahoo.com * www.bethelnewcaney.com



Please print clearly unless otherwise instructed.

Full Legal Name **AS IT APPEARS ON YOUR PASSPORT:**

First _____ Last _____ Middle _____

Maiden _____ Other names you have gone by _____

Home (Street) Address _____

City _____ State _____ Zip _____

Phone (work or cell) _____ Phone (home) _____

Place of Employment _____ Date of Birth ____/____/____ (Must include year.)

Email Address _____ Passport # _____

Please give an email address that you check daily. Our primary form of team communication will be via email.

Passport Country of Issue _____ Passport Date of Expiration _____

What language(s) do you speak? _____

What church are you a member of? _____

Give the first & last name of who you want listed as your insurance beneficiary: _____

Please purchase an airplane ticket which provides extra leg room. I agree pay the extra amount. Yes No
This extra fee can potentially add \$200 or more to your total airfare.

Have you made a personal commitment to Jesus Christ? Yes No If yes, please share a little about your relationship with Jesus.

Why do you want to serve in Guatemala?

I understand that my deposit is non-refundable & non-transferrable. I understand that airplane tickets are purchased without trip insurance. If I do not use my airplane ticket for any reason, I forfeit the full price of the ticket. I understand that airfare includes the cost of one checked bag, & that I will pay for all subsequent luggage I choose to check. I hereby release Bethel Baptist Church & her officers of all liability. I give permission to Bethel Baptist Church & her officers to use images &/or videos of me at their discretion. I agree to work under the authority of the officers of Bethel Baptist Church, the designated mission trip leadership & the in-country leadership.

Applicant's Signature _____ Date _____

If Applicant is a minor, this application also requires the signature of at least one of the applicant's legal guardians below.

Guardian's Signature _____ Date _____

Please return this form to the church office when completed. Thank you for your willingness to be used by God to change the world.
*If you are a minor, other forms will also be required.

Name of Applicant _____

BELOW FOR OFFICE USE ONLY

Date Application Received in Office _____

Payment Date: _____ Payment Type: Cash Check# _____ Other Payment Amount: _____

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