APPLICATION FORM EAST AFRICA PARTNERSHIP

(please type or print)

Today's Data

Name of Project: Kenya Mission/Medica	l Teams	roddy 3 Date		
***Please submit information exactly as it appear	ars on your passpo			
Name:	Address:		_	
Phone Number:	City:	State:		
Email:	Zip Code:	Country:		
Expectations and Mission What is your purpose in applying for this mission project?				
(Y/N) Will you agree to do <i>pre-travel</i> study of materials provided or recommended by organizers? (Y/N) Do you agree to participate in the orientation, debriefing & travel plans of the				
group at all times during the period of the	he mission projec	t? If no, explain:		
(Y/N) Will you agree to do post-t including the sharing of photographs, sto and trip participants?				
(Y/N) Are you adaptable to simple	e accommodation	s?		
(Y/N) Do you have any health cole	nditions that may	limit your activities? If yes, please	е	

Faith Journey

Share briefly about your relationship with Jesus Christ, if any?			
Describe briefly the mission activities in which you are involved?			

General Background, Interests, and Skills

Name of your congregation:____

Please write a brief biographical paragraph that can be shared with other participants before the trip. Tell about yourself, your work, interests, family, and any other experiences that have influenced you, or that you would like to share.

Name of pastor:

Please describe any skills, interests, or hobbies (like photography or music) that might be useful on the trip or for interpretation after the trip.

If applying for a medical trip, please describe your education, degrees, work experience and areas of specialization. Please attach a copy of your medical license.

Email

Scan and send this form as an attachment to colettecozean@gmail.com

Mail

Please send to: East Africa Partnership 21581 Midcrest Dr. Lake Forest, CA 92630

^{**}Please return the form via the following options: