

2009 Uganda Application

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____ / _____ / _____ Age _____ Male Female

Citizen of what Country _____

Marital Status: Single Engaged Married Separated Divorced

Height: feet _____ inches _____ weight: _____ (pounds) email: _____

Permanent Address _____

City _____ State _____ Zip _____

Permanent Home Phone () _____ Daytime Phone () _____

Pastor's Name _____ Pastor's Title _____

Church Name _____ Church Phone () _____

Date you made a commitment to follow Christ? _____

FATHER/GUARDIAN

Last Name _____ First Name _____ Phone () _____

MOTHER/GUARDIAN

Last Name _____ First Name _____ Phone () _____

If parents are separated or divorced, who has legal custody? Father Mother Joint Other

Have you ever been on a mission trip before? Yes No

Where? _____ When? _____ Organization? _____

Have you been involved with any of the following within the past year?

Alcohol or Tobacco Yes No Illegal drugs Yes No

Have you ever: Been expelled from school? Yes No Served time in a juvenile detention center or jail? Yes No

Been convicted of committing a crime? Yes No

Have you ever had: Diabetes Seizures Fainting Spells An eating disorder Respiratory problem

Psychiatric Care Explain: _____

Applicant Signature _____ Date _____

Parent/Guardian Signature (Required if under 18) _____ Date _____