



MISSION TRIP APPLICATION

FIRST NAME _____ LAST NAME _____

PREFERRED NAME _____ DATE OF BIRTH _____

ARE YOU A U.S. CITIZEN? _____ IF NOT, COUNTRY OF ORIGIN _____

PASSPORT INFORMATION

DO YOU HAVE A PASSPORT? YES NO

PASSPORT NUMBER _____ EXPIRATION DATE _____

NAME AS IT APPEARS ON PASSPORT _____

***IF YOU DO NOT CURRENTLY HAVE A PASSPORT, WE RECOMMEND THAT YOU APPLY FOR ONE WITHIN SIX MONTHS OF THE TRIP.**

CONTACT INFORMATION

MAILING ADDRESS _____

E-MAIL ADDRESS _____

HOME PHONE NUMBER _____

CELL PHONE NUMBER _____

WORK PHONE NUMBER _____

WHAT IS THE BEST WAY TO CONTACT YOU? MAIL _____ EMAIL _____ HOME PHONE _____

CELL PHONE _____ WORK PHONE _____

TRIP DATES YOU ARE INTERESTED IN: _____

MAIL ALL PAYMENTS AND DOCUMENTS TO:

HELP, INC. | ATTN: MISSIONS | 700 HARWOOD RD | SUITE A | HURST, TX | 76054

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT: JESSICA MACK | 817.581.7875 | MISSIONS@HELPWESTAFRICA.ORG