

# FIRST UNITED METHODIST CHURCH



## **Application for Belize Mission Trip February 4 - 11, 2017 First United Methodist Church | Lexington, KY**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate\*: \_\_\_\_\_  
As it appears on passport

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text? Y or N

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Special Skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Church Name: \_\_\_\_\_

District: \_\_\_\_\_

Pastor or Associate Pastor Signature: \_\_\_\_\_

Pastor's Name (Printed): \_\_\_\_\_

Pastor's Email: \_\_\_\_\_ Pastor's Phone #: \_\_\_\_\_

Pastor or Associate Pastor: By signing this form, you are recommending to Kentucky Conference UMVIM the person listed above as a team member. If you have concerns about whether this person will be a good team member, please contact team leader Bryan Mullins at [bmullins@creativelexington.com](mailto:bmullins@creativelexington.com)

\*Must be 16 years or older to participate

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Emergency Contact Person(s) \_\_\_\_\_

Phone #s of Emergency Contact Person(s) \_\_\_\_\_

Allergy Information: \_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Any other medical conditions we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

The nature of the work on this mission trip is mainly manual labor. Do you have any problems walking a mile/lifting moderate weight/working 8 hours a day? \_\_\_\_\_

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Please briefly describe why you wish to be a part of the Belize mission team:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any prior experiences serving with a mission team:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please briefly describe the ways you are involved in the life of your local church:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Three non-relative references we can contact:

Name

Email

Phone

1.

2.

3.

I wish to be considered as a team member for the 2016 Belize Mission Team. If chosen, I commit to paying or raising the necessary amount of funds, to participate in a pre-trip meeting, to

abide the rules of UMVIM while on the trip, and to cheerfully participate during the trip as a witness to Christ.

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Signed: \_\_\_\_\_

Please return to by December 23<sup>rd</sup>, 2016 along with Medical Release Form and \$100 deposit. Deposit will be returned if you are not selected for this trip.

Make Check Out To: First United Methodist Church

Memo Line: Belize 2017

Mail to: Bryan Mullins  
232 S. Ashland Ave.  
Lexington, KY 40502

859.619.7512

[bmullins@creativelexington.com](mailto:bmullins@creativelexington.com)