

**WAIT Trainer Candidate
Personal Information Form**

Full name		Birthdate	
Street address		SS#	
City/ST/Zip		¹ Passport #	
Home phone			
Father's name		Work/cell#	
		email	
Mother name		Work/cell#	
		email	
Siblings' names		Phone or Emails:	
1.			
2.			
3.			
4.			
5.			
² Health Insurance Co.		Policy #	
Health issues: (any areas of concern)			
Doctor's name		Office Phone	
Diploma from:		Study plans:	
Talents:			
Skills:			
Languages:			
Certifications			
Marital plans			
Career goal			
National destinations			
Faith commitment			
WAIT experience			
Accomplishments			
Schedule issues			
Family level faith commitments			

¹ Candidates must have a current passport for duration of program. Passport must be in their possession by the time of overseas travel.

² Health care expenses, including dental, are the responsibility of the family. WAIT will maintain first aid items, vitamins, over the counter remedies and other normal health supplies. Please schedule appointments in conjunction with all parties. WAIT appreciates appropriate medical records (immunizations, etc.) in case of emergency care.