

Resonate Church
Haiti Ministry Trip Application

Please complete and return this form by:

February 19, 2019 (for April Trip) **or** **May 1, 2017** (for September Trip)

Questions? Contact Kyle Mountsier: (513) 375-4877; kyle@resonatemadison.org

Basic Personal Information

Name _____

Date of Birth _____ Place of birth _____

US Citizen Yes No Do you have a valid U.S. passport? Yes No

Address (street, city, state, zip) _____

Email _____ Best Phone _____

Emergency Contact

Name of your emergency point of contact _____

Relationship _____

Emergency Phone: Daytime _____ Evening _____

Medical Information

Do you have any medical restrictions or handicaps that we need to make provisions for or should be aware of? No Yes (please explain)

Are you currently taking any medication? No Yes (please list)

Health Insurance Information

Health Insurance Company _____

Policy Number _____

Physician's Name _____

Physician's Phone _____

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What church family are you connected with? _____

How long have you been a part of that church family? _____

What ministry(s) are you currently involved in?

What skills/experience do you have that might be beneficial for ministering in Haiti?

If you are familiar with them, what are your primary spiritual gifts?

Please list any ministry/mission trips that you may have participated in previously.

What Missional Community are you currently part of? _____

Reference (other than your MC leader)

Name _____ Relationship _____

How long have you known this person? _____

E-mail _____ Phone _____

What is the gospel?

Why do you want to go on this trip?