

# Divine WT- Buffalo Dream Center 2018

*A ministry of Koinonia Christian Fellowship Inc.*



## Section 1 - Personal Information

NAME:	Birth date (MM/DD/YYYY)
FULL NAME IN PASSPORT PASSPORT #	EXPIRY (MM/DD/YYYY)
ADDRESS:	CITY
POSTAL CODE	EMAIL
PHONE: (HOME) CELL	WORK ALTERNATE
Completed Catch the Vision/Heart of the House) Y/N	

## Section 2 – General Health Information

Do you have any health problems or special needs?

- Yes (explain: \_\_\_\_\_)  
 No

Please list any dietary concerns or allergies:

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Are you taking any forms of medication?

- Yes (explain: \_\_\_\_\_)  
 No

### For office use only:

Date Received:  
Date Approved:

Pastoral Approval:  
Date of Communication:

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## Section 3 – World Team Commitments

Please note and check off the different items that are required to participate on the trip.

I will make every effort to attend all required training and debriefing meetings regarding this trip

- Yes
  
- Provide proof of travel health insurance coverage. (please attach a copy or scan and email [kcf@kcf.org](mailto:kcf@kcf.org) a valid copy)
  
- I understand I must have a **valid passport** that is valid for 3 months after my return date. ( a photocopy or scanned copy must accompany this application and email [kcf@kcf.org](mailto:kcf@kcf.org) a valid copy)
  
- I understand that I am responsible for 100% of the cost of this trip which is \$375.00.
  
- I have included a **\$100.00** deposit, non- refundable after **March 12/2018** along with this application and agree to the following payment schedule.  
  
March 30th/2018 \$275.00 per person
  
- If for any reason the participant must withdraw from the trip, he or she will be responsible for the flight purchased and any funds raised will go toward trip projects.

## Section 4 – Consent

I have read through this application thoroughly and agree with the commitments listed in this application. A Liability Waiver is also enclosed please complete and return with application.

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Parent or Legal Guardian Full name as it appears on your passport (please print clearly)

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Applicants Signature

Date (MM/DD/YYYY)

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**First time applicants please fill in sections 3, 5 & 6**

## **Section 5 - Service Experience**

Please share your reasons for wanting to participate in this trip:

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Identify any previous cross cultural service trips locally or abroad and share your most memorable experiences positive or negative:

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List skills, strengths or expertise that could benefit the team and the mission:

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Please list general areas that you would be interested in participating:

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## **Section 6 – References**

Please list areas that you are currently serving in the Church:

Department:

Duties:

Ministry Leader:

### **Personal References**

Name

Phone #

Email

Name

Phone #

Email