

Application for Jamaica Christian Services, Inc. Work Trip

Name: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Home Church _____

Beneficiary for Insurance purposes: _____

Passport Number: _____

Birthdate: _____ T-Shirt Size: _____

Please list any special skills or abilities you have such as: teaching, preaching, music, drama, cooking, construction (specify), medical (specify) or any other.

Health Information

List any medications or foods to which you are allergic _____

List medications taken on a regular basis _____

List any health problems _____

Blood type: _____

Name and address and phone number(s) of someone to be contacted in the event of an emergency.

THIS FORM MUST BE TURNED IN WITH DEPOSIT!!! (12) 8/05 REV.