

**Mission Trip Application**  
**UCC First Church of Nashua, NH**

<b>For office use only:</b>	DR: \$300.00
Date/time application received:	Deposit payment \$ SD: \$250.00

Trip you are interested in \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender (circle one) M F

First Church Member (circle one) Yes No

In what other, if any, mission trips have you participated? \_\_\_\_\_

\_\_\_\_\_

What is your present and past involvement with First Church? (If not a member of First Church, please indicate your present involvement with your own religious community.)

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in participating in this mission trip? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I understand the following:** (please initial)

\_\_\_ I am responsible for paying/raising the agreed upon financial support

\_\_\_ I am responsible for attending team meetings in preparation for the trip

\_\_\_ I am responsible for receiving proper immunization in order to participate

\_\_\_ I am responsible for applying for and purchasing a passport (for trips outside the U.S.)

<b>Health Information</b>
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Please describe your general health condition: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_

Do you have any allergies? Yes No (If yes, please explain) \_\_\_\_\_

Do you have any physical challenges? Yes No (If yes, please explain)

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Do you have any emotional challenges? Yes No (If yes, please explain)

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Dietary Restrictions? Yes No (If yes, please explain)

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<b>Contact Information</b>
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Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_