



MISSION TRIP PARTICIPANT APPLICATION

(Type or Print in Ink)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail Address _____

Birthdate _____ Male _____ Female _____ T-shirt size _____

CHRISTIAN EXPERIENCE

Has the born again experience occurred in your life? ___ Yes ___ No At what age? _____

Have you been baptized in water? ___ Yes ___ No At what age? _____

Are you a member of a local church? ___ Yes ___ No At what age? _____

Church Name _____

Church Address _____

Pastor Name _____

List the areas of Christ service where you have or presently served _____

List experience in personal or group witnessing _____

Have you ever been convicted of, or pleaded guilty to, any charge of sexual misconduct?

___ Yes ___ No

APPLICATION FEE

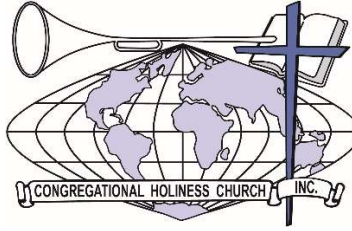
Attach \$100.00 non-refundable deposit in the form of a check or money order, made out to Congregational Holiness Church World Missions and send it in with this application. This deposit will be applied to the cost of your trip.

I hereby affirm that the above information is true and correct to the best of my knowledge.

Applicant's signature _____ **Date signed** _____

Mail completed application with deposit:

Congregational Holiness Church, Inc.
World Mission
3888 Fayetteville Hwy
Griffin GA 30223



AFFIDAVIT

PERMISSION FOR A MINOR TO TRAVEL TO NICARAGUA

I hereby grant permission to _____,

Name of Minor

Age _____ years, who is my _____, and who was

Son, daughter, ward, etc.

Born at _____ on _____

city

county

state

Country

Date

to make a tourist visit to the nation of Nicaragua.

_____ will be accompanied by: Reverend Scotty Poole,

Executive Director of World Missions, Congregational Holiness Church, Inc.

I understand that my child is to follow the supervision and guidelines of the Executive Director and/or his designees on this trip. I understand that my child will be professionally supervised and all action possible will be conducted to insure his/her health, safety, and wellbeing while on this trip. I, as parent/guardian of the above-named child, hereby release the Reverend Scotty Poole, the Congregational Holiness Church, Inc.; the General Executive Board; and all chaperones from any and all liability, claims, damages, and injuries-foreseen and unforeseen, which may arise on the forenamed trip to Nicaragua, and I the parent/guardian have assumed any risk associated with the entire trip. I authorize the Reverend Scotty Poole or other responsible parties of the Congregational Holiness Church, Inc., to consent to all necessary medical treatment for the above-named minor.

Signed _____

Sworn to before me this _____ day of _____

(SEAL)

Notary Public in and for County of _____

State of _____