



Mail to:
Youth Missions International
1901 S Jefferson Ave #212
Tacoma, WA 98402

College Age Application 2012 Mission Experiences

Empowering young people to continually live and share their faith in the global communities they serve.

*Please fill this application out legibly with black or blue ink and attach a \$25 trip deposit to secure your place.
Make checks payable to "Youth Missions International".*

I'm applying for a 3-Week College Trip.

I'm applying for an 8-Week College Trip.

(Please circle the opportunity you are choosing to go on below.)

3-Week Trips

São Paulo, Brazil: June 12-July 3, Sports Ministry, \$2,700

India: June 12-July 3, Medical, \$3,100

Haiti: June 12-July 3, Medical, \$3,100

Colombia: June 23- July 14, Church Support \$2,400

Manaus, Brazil: July 29-August 19, Music, \$2,750

Singapore/Malaysia: July 29- August 19, Music, \$2,950

London, UK: July 26-August 16, Soccer Ministry, \$3,150

8-Week Trips

Brazil: Jun. 12-Aug. 7, Sports Ministry, \$4,295

India: June 12-Aug. 2, Medical, \$3,995

Ireland: Jun. 16-Aug. 11, Church Support,\$4,295

South Korea: Jun. 16-Aug. 11, TESOL, \$4,295

Haiti: June 16-August 11, Medical, \$3,950

Personal Information

Name _____
(as on birth certificate) (last) (first) (middle)

First name preference (no nicknames please) _____

Home Address _____

City _____ State/Province _____ Zip _____

Cell Phone (_____) _____ - _____ Citizenship/Country _____

E-mail Address _____

Birth Date ____/____/____ T-Shirt Size: _____

College You Attend: _____

Emergency Contact

Name _____ Relationship _____

Address _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Church Information

Church Name _____

Address _____

Pastor _____ Phone (_____) _____ - _____

Medical Information

Do you have any health or related problems that might restrict your participation in a mission trip within the United States or Internationally?

- No. Yes. (If Yes, please explain on separate sheet and attach with application.)

If you will be using any medication (including inhalers) please list here: _____

Medical Illnesses:

- Ear Infections Diabetes Asthma Migraine Headaches Recurring Illness: _____

Allergies (Check all that apply)

- Insect Stings
 Hay Fever
 Food (please list and attach on separate sheet)
 Medication (please list and attach on separate sheet)
 Other (please list and attach on separate sheet)

Immunization Status:

Tetanus/Booster _____ (date)

Applicant Consent

The signature below indicates that I have freely chosen to participate in a Youth Missions International mission experience. I also agree to submit to the policies and directives of the Youth Missions International organization and appointed leadership while at trainings and on any subsequent Youth Missions International trip. I understand that failure to do so may result in my disqualification of my participation in this program, including but not limited to an early return home from my international mission site at my own expense.

Applicant Signature _____ Date _____