



*Serving Christ since 1980*

184 OLDE COUNTY LINE ROAD • WESTERVILLE, OH 43081-1034  
Phone 614.794.0108 • Fax 614.794.0109 • www.Lifeline.org

## General Information Form

Forms must be returned to Lifeline Christian Mission with first payment and **PASSPORT COPY** or tickets will not be issued

### PLEASE PRINT CLEARLY

Trip Dates \_\_\_\_\_ Country \_\_\_\_\_ Church/Group Name \_\_\_\_\_

Full Name (as appears on passport) \_\_\_\_\_ Nickname \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ School & Grade (If Student) \_\_\_\_\_

Home Church \_\_\_\_\_ Hobbies \_\_\_\_\_

Occupation & Special Skills (Past or Present; be specific) \_\_\_\_\_

Passport Number (located on upper right corner of page with photo) \_\_\_\_\_

Spouse's name (if married) \_\_\_\_\_ Spouse's Cell Phone \_\_\_\_\_

Family members on team and relationship \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone number of Emergency Contact \_\_\_\_\_

Email address of Emergency Contact \_\_\_\_\_

Email address of person you want contacted upon your arrival in the mission field: \_\_\_\_\_

## General Information (Continued)

Full Name (as appears on passport) \_\_\_\_\_

Church/Group Name \_\_\_\_\_ Trip Dates \_\_\_\_\_

T-shirt size:     S     M     L     XL     2XL     3XL

**Please check the areas below where you have experience and/or special interest:**

- |  |   |                                      |  |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Athletics             | <input type="checkbox"/> General Construction | <input type="checkbox"/> Painting    | <input type="checkbox"/> Singing & Music       |
| <input type="checkbox"/> Bible Study Leader    | <input type="checkbox"/> Home Economics       | <input type="checkbox"/> Photography | <input type="checkbox"/> Teach Youth           |
| <input type="checkbox"/> Carpentry/Woodworking | <input type="checkbox"/> Landscaping/Farming  | <input type="checkbox"/> Plumbing    | <input type="checkbox"/> Teach Dental Hygiene  |
| <input type="checkbox"/> Computer/IT           | <input type="checkbox"/> Leadership Training  | <input type="checkbox"/> Preaching   | <input type="checkbox"/> Teach Health/Wellness |
| <input type="checkbox"/> Cooking               | <input type="checkbox"/> Masonry              | <input type="checkbox"/> Puppets     | <input type="checkbox"/> Teacher Training      |
| <input type="checkbox"/> Dental                | <input type="checkbox"/> Mechanics            | <input type="checkbox"/> Roofing     | <input type="checkbox"/> VBS                   |
| <input type="checkbox"/> Electrical            | <input type="checkbox"/> Medical & Health     | <input type="checkbox"/> Sewing      | <input type="checkbox"/> Work with Children    |
| <input type="checkbox"/> Other (explain) _____ |   |                                      |  |

Lifeline Christian Mission uses photos of people and groups in its printed materials and website. If you prefer that pictures of you NOT be used for these purposes, please indicate this by signing your name here:

\_\_\_\_\_

## General Information (Continued)

Full Name (as appears on passport) \_\_\_\_\_

Church/Group Name \_\_\_\_\_ Trip Dates \_\_\_\_\_

Past mission trips (when & where) \_\_\_\_\_

Personal References (2) & Phone Numbers or Email Addresses: \_\_\_\_\_

What are your main objectives/goals while on this Work Crusade? \_\_\_\_\_

What special talents do you have? \_\_\_\_\_

Spiritual Gifts? \_\_\_\_\_

Prayer Requests? \_\_\_\_\_

Personal Testimony For Christ \_\_\_\_\_

Personal Goals on Mission Trip \_\_\_\_\_