



Campers on Mission Enrollment Form

PERSONAL INFORMATION

Name (Last)	First	MI	Preferred Name	Birthdate (Self)
Spouse Name			Preferred Name	Birthdate (Spouse)
Street Address			City	State
				ZIP/Postal Code
Home Phone	His Cell Phone	Her Cell Phone	E-mail Address	
Have you participated in a mission project? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, date of last mission project _____				

CHURCH MEMBERSHIP

Church Name _____	Name of Pastor _____
Street Address _____	Name of Association _____
City _____ State _____ ZIP _____	Church Denominational Affiliation: _____
Telephone (_____) _____	E-Mail _____

INTERESTS/TALENTS/GIFTS

CHECK ALL THAT APPLY

SELF SPOUSE

- | | | |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Campground Ministries |
| <input type="checkbox"/> | <input type="checkbox"/> | Church Planting |
| <input type="checkbox"/> | <input type="checkbox"/> | Construction/Maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> | Disaster Relief and Recovery |
| <input type="checkbox"/> | <input type="checkbox"/> | Fairs/Festivals/Special Events |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Service/Revivals |
| <input type="checkbox"/> | <input type="checkbox"/> | Sharing Personal Testimony |
| <input type="checkbox"/> | <input type="checkbox"/> | State Convention Booths |
| <input type="checkbox"/> | <input type="checkbox"/> | VBS/Bible Studies, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Clowning/Balloon Sculpturing |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical/Dental |

LIST AREAS OF SPECIAL TRAINING AND/OR LICENSE:

EMERGENCY CONTACT

Name _____
 Relationship _____
 Telephone _____

DATE FORM COMPLETED

