



Saint Paul Catholic Church

Mission Honduras Application - _____ (Year)

Trip

_____ Youth * _____ Collegiate/Adult _____ Doctor _____ Nurse _____ Other: _____

* If you are under 18 years of age you must be accompanied by an adult. Name of Adult: _____

Biographical

Missionary's full legal name as stated in passport or on birth certificate:

First Name *Middle Name* *Last Name* *Title*

Common Name: _____ Date of Birth: _____

Gender: _____ Male _____ Female Are you a US Citizen? _____ Yes _____ No

If No, Name of Country: _____ Do you have a current Passport? _____ Yes _____ No

Passport Number: _____ Passport Expiration Date: _____

T-Shirt Size: _____ Small _____ Medium _____ Large _____ X-Large _____ XX-Large

Home Address

Street: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

Email Address: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

For Office Use Only

Checklist Item	Date Completed	Reviewed by
Application Complete		
Covenant is Signed		
Medical Release is Complete and Signed		
Minor Form is Signed and Notarized		
Financial: \$ _____ _____ Cash _____ Check _____ Receipt Issued	Received by: _____ Name on Check: _____ Fund Raising Pack Issued/Missionary Initials when received: _____	

The Call

Briefly explain why/how you believe you have been called to serve in Honduras:

Ministry Interest

Check all areas where you have special interests and/or skills to serve in Honduras.

Community Building

☐ Morning Prayer Leader

☐ Evening Prayer Leader

☐ Team Building

Construction/Community Helper

☐ Handyman

☐ Carpentry

Medical

☐ Dentist

☐ Doctor

☐ Nurse

☐ Medical Support

Admin/Support

☐ Translator

☐ Tech Equipment Support

☐ Travel Coordinator

☐ I would be willing to take a Leadership role

Other: _____