



MISSION OF LIFE
BEHRMAN MINISTRIES

APPLICATION FOR SHORT TERM MISSIONS

Name: _____ Home Phone (____) _____ Other (____) _____

Address: _____ E-mail Address: _____

City: _____ State: __ Zip ____ Age ____ Date of Birth _____ M F

Passport # _____ Health Condition:
 Poor Good Excellent

Expiration Date: _____

SSN: _____ Do you have any conditions that we
should be aware of?

Height: _____ Diabetic Asthma/Breathing prob

Weight: _____ Injuries Epilepsy

Citizenship: _____ Heart Blood Pressure

Marital Status: Married Single
 Other _____

If married is spouse planning on attending: Yes No
If you have any of the above conditions, please specify below:

Your Church Name: _____ Are you allergic to any medication?
If yes, please list:

Church Address: _____ Special diet required?

Church Phone:(____) _____

Pastor's Name _____

Have you ever been on a missions trip in the past? If Yes, where and when? In case of an emergency contact:

Name: _____ Relationship: _____

Phone: (____) _____

Do you have medical insurance that covers you out of the United States?

please list:

(If you do not know if you are covered out of the US, please check with your policy provider to find out.)

Insurance Company Name: _____

Policy Number: _____

Policy Holder Name: _____

Phone Number:(____) _____

(Contact for out of US coverage) _____

Send to: Behrman Ministries P.O. Box 1203 Buena Vista, CO 81211

Phone: 262-893-4974 Deadline : August 15, 2018 Non-Refundable Application Fee: \$50.00

I understand that travel arrangements are subject to change and that team members serve at their own risks. Behrman Ministries is not liable in the event of sickness, accidental death, terrorist acts, acts of nature, or expenses beyond that of normal, prescribed involvement. Team members and staff adhere to policies of dress, conduct attitude and Christian testimony and are subject to dismissal for infractions at the team member's expense. Behrman Ministries Inc. also reserves the right to change trip prices and trip dates in the event it is deemed necessary. I have also read the entire Application Packet, and I understand it and am in agreement with it.

Signed: _____ Date: _____