



BRIDGE TO THE NATIONS
Ejido Tayoltita, La Cruz de Elota, Sinaloa, Mexico
US VM +1 (626) 765-4611
email: bridgetothenations7@gmail.com
website: www.bridge2thenations.com

APPLICATION FORM

PERSONAL INFORMATION

Full legal name _____ Sex _____

Complete Address _____

Home Phone () _____ Cell () _____ Email _____

Birthdate _____ Age _____ Marital Status: __ Single __ Engaged __ Married __ Separated __ Divorced

List name, age, sex and grade level of children accompanying you

EMERGENCY CONTACT

Name _____ Relationship _____

Home Phone _____ Cell _____ Email _____

Volunteering Dates: _____

Highest level of education completed _____ CPR training ____ Yes ____ No _____

Other schools / training programs / seminars completed _____

Present employer _____ Position _____

How long at this job _____ Other occupational skills _____

What languages do you speak? (Most fluent to least:

1. _____ 2. _____

3. _____ 4. _____

Do you have plans for further study? ____ Yes ____ No (If Yes, please specify)



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MISSIONS EXPERIENCE

Please list any other mission type experiences and/or countries visited _____

Briefly describe how the experience(s) impacted you

Do you feel called into missions full-time? ___ Yes ___ No ___ Uncertain at this point _____

CHURCH INFORMATION

Home Church _____ Denomination _____

Address _____ Phone _____

Length attended _____ Your involvement _____

Pastor's Name _____ Website _____

Your Pastor knows about, and is supportive of, your decision to attend Bridge To The Nations mission trip? If no, specify why: _____

PASSPORT / VISA INFORMATION

Do you have a current passport? ___ Yes ___ No, but I am applying for one

Name as it appears on passport _____ Passport #

_____ Citizenship _____ Expiration Date _____

City and Country where passport was issued _____



BRIDGE TO THE NATIONS

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FINANCIAL SUPPORT

Do you have your complete internship fees? Yes No. I have \$_____ USD

Do you have financial support? Yes No How do you anticipate paying for any outstanding amount?

Health Insurance Provider

Everyone working with or attending Bridge To The Nations MUST SHOW proof of Medical coverage /insurance. We recommend: Talent Trust Consultants -www.talent-trust.com as a trusted medical insurance provider.

They will cover you for long or short term missions' trips.

I understand and agree that if accepted to Bridge To The Nations I must have adequate insurance coverage for the duration of my mission trip

.Name _____ Signature _____

MEDICAL HISTORY

Height _____ Weight _____ lbs / kgs

Do you smoke? Yes No / Do you drink alcohol? No Yes

If yes for either specify what, how much, and how often _____

Please be aware that Bridge To The Nations has a NO smoking and NO drinking policy which you will need to abide by while you are volunteering with Bridge To The Nations.

Are you taking any medications at this time? No Yes (specify) _____

Do you have any physical handicaps or health conditions which may require special attention? No Yes (explain) _____

Have you ever been treated for emotional or psychiatric instability? (depression, anxiety, schizophrenia)

No Yes (explain) _____

Please list any FOOD ALLERGIES: _____

Immunizations: It is advisable to be up to date with all necessary immunizations (you may be traveling within Mexico and other countries).