

# LHCyouth SOUTH JERSEY MISSIONS TRIP

## GENERAL INFORMATION

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## REFERENCES

Please provide the names of two friends (non-family members) whom we can contact as references. One reference needs to be from a Christian, and one from a non-Christian.

Ref. 1: Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Ref. 2: Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

## PERSONAL AND SPIRITUAL HISTORY

1. How do you view your walk with Jesus?
2. Where are you spiritually in your walk?
3. Do you work well with younger children?
4. What spiritual gifts do you feel you have and how would you like to use them on this trip?
5. Why are you interested in coming?
6. What do you expect in coming on this trip?
7. Why do you think you should come on this trip?

I attest that the above questions have been answered honestly and all statements are truthful.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_