

Community Works WRCC
Application Form
 New Orleans Relief Team
 October 17-23, 2009

Payment Schedule		
	Registration August 2	\$250
OcO	October 4	\$250
	Total Funds due	\$500

Please note: Adults complete (FORM B,D,E) & Youth under 18 complete (FORM B,C,E)

*Make checks payable to WRCC/ Memo Line: New Orleans Relief Team

*Return applications with checks to the Community Works counter or by mail to ATTN: Derek Lynas

Costs are estimated as of March 2009 and are subject to change depending on increases beyond our control.

PERSONAL DATA:

Full Name: _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State, Zip)

Phones: Home _____ Work _____ Mobile _____ E-mail _____

Employer or School (if student): _____ Date of Birth: _____

Personal References: _____ Clergy Reference: _____

Name _____ Name _____ Name _____

Address _____ Address _____ Address _____

Phone: _____ Phone: _____ Phone: _____

Why do you want to go on this mission trip? _____

Signature: _____ Date: _____
(Head of household)

Signature: _____ Date: _____
(Signature of guardian or parent that has custody of child under 18 yrs. of age)

*Please note that by signing this application you agree that if you are accepted for the trip, you will fully participate in all planned activities and

TELL US ABOUT YOURSELF:

DESCRIBE YOUR RELATIONSHIP WITH JESUS CHRIST:

When did you become a Christian? _____ What Church do you attend? _____ Are you a member? _____
 Describe your relationship with Jesus Christ: _____

Please list any skills, interests, hobbies or talents that might be useful on this trip. (Teaching Bible lessons, music, etc.) Describe your ability and experience for each item list. _____