

## Application for Participation

Therefore, go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit. Matthew 28:19

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ M/F

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME ( ) \_\_\_\_\_ OFFICE ( ) \_\_\_\_\_

CELL ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

PROFESSION \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_ PASSPORT # \_\_\_\_\_

GLOBAL ENTRY # \_\_\_\_\_ or TSA PRE CHECK # \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NEXT OF KIN PHONE NUMBER \_\_\_\_\_

CHURCH YOU ATTEND \_\_\_\_\_

PASTORS NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

HEALTH INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

DO YOU HAVE ANY KNOWN MEDICAL PROBLEMS THAT WOULD PREVENT YOU FROM TRAVEL? \_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

REFERENCES 1. \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

2. \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

IN CASE OF EMERGENCY, WHO SHOULD BE CONTACTED?

\_\_\_\_\_ PHONE ( ) \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE LIGHTHOUSE MEDICAL MISSIONS? \_\_\_\_\_

\_\_\_\_\_

WHY DO YOU WANT TO PARTICIPATE? \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PASTOR'S STATEMENT: I KNOW THE APPLICANT PERSONALLY AND FEEL ASSURED THAT THIS INDIVIDUAL IS EMOTIONALLY AND SPIRITUALLY READY TO MAKE A POSITIVE CONTRIBUTION TO THE LIGHTHOUSE MEDICAL MISSIONS TEAM.**

**PASTOR'S SIGNATURE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

When completed, please return this application to:

By Mail:

**Lighthouse Medical Missions**

Robert C. Hamilton, M.D., Coordinator

2216 Santa Monica Blvd. #204

Santa Monica, California 90404

By Email:

**Dal Basile**

(310) 428-7044

[dalphina@mac.com](mailto:dalphina@mac.com)

**Cheryl Tormey**

(310) 528-7672

[cherylleone@gmail.com](mailto:cherylleone@gmail.com)