

St. Joseph Church - Mission of Hope Trip Participant Interest Form - ADULT (18 and over)

Name Today's Date			
Address			
	Street	City	Zip code
Email address		•	•
***Plea	se print clearly. This will need to	be checked often. ***	
Home Phone	Cell Phone	Birt	h date
Employer/School		Occupation _	
My time availability: Days	Evenings Weekends _	(Make furthe	r notes on back)
T-shirt (adult sizes) needed:	S - M - L - XL - XXL - XX	XL <i>or</i> already ha	ave one
I am interested in: Mis	sion of Hope Trip Local	Service Ministry	Both
Have you attended a mission	trip or similar trip before? YES o	or NO If yes, tell us	about it.
you are familiar and a 3 next t Cleaning Painting Yard work	te a 1 next to the skills you can do to the ones you have no experier Basic Plumbing Basic Electrical Basic Vehicle Repair	nce but are willing to Leadership Financial o Computer,	try and learn. skills r sales work Office work
Cooking Musical ability	Basic carpentry Drywall work	Other (Exp	iain below)
	lents here		
What other kind of interests of	lo you have and/or what gifts car	n you offer to the gro	oup?
I have special diet or medical	needs. YES or NO If yes, explain	n below.	

Note: Please use the back of this form if further space is required. Any special medication information will need to be listed on the Medical Information sheet to be completed later.