



St. Joseph Church - Mission of Hope Trip Participant Interest Form – YOUTH (under 18)

Name _____ Today's Date _____

Address _____
Street City Zip code

Email address _____

Please print clearly. This will need to be checked often.

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____ Birth date _____

School _____ Grade _____ Age _____

Parent(s) and/or Guardian(s) Names _____

T-shirt (adult sizes) needed: S - M - L - XL - XXL - XXXL or already have one _____

I am interested in: _____ Mission of Hope Trip _____ Local Service Ministry _____ Both

Have you attended a mission trip or similar trip before? **YES** or **NO** If yes, tell us about it.

What skills do you have? Place a **1** next to the skills you can do well, a **2** next to the ones with which you are familiar and a **3** next to the ones you have no experience but are willing to try and learn.

_____ Cleaning	_____ Basic Plumbing	_____ Leadership skills
_____ Painting	_____ Basic Electrical	_____ Financial or sales work
_____ Yard work	_____ Basic Vehicle Repair	_____ Computer/Office work
_____ Cooking	_____ Basic carpentry	_____ Other (Explain below)
_____ Musical ability	_____ Drywall work	

Please further explain your talents here _____

What other kind of interests do you have and/or what gifts can you offer to the group?

I have special diet or medical needs. **YES** or **NO** If yes, explain 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.