

BEHRMAN MINISTRIES
APPLICATION FOR SHORT TERM MISSIONS

Name: _____ Home Phone:(____)_____ Work Phone:(____)_____
Address: _____ E-Mail Address _____
City: _____ State: __ Zip: _____ Age:____ Date of birth:_____ M F

Passport # _____
Expiration Date: _____
SSN: _____
Height _____
Weight: _____
Citizenship _____

Marital Status: Married Single
If married is spouse planning on
attending: Yes No

Church Name: _____
Church Address: _____
Church Phone:(____) _____
Pastor: _____

In case of emergency contact:
Name: _____
Relationship: _____
Phone: (____) _____

Do you have medical insurance that covers you out of
the United States?
*(If you do not know if you are covered out of the US,
please check with your policy provider to
find out.)*
Insurance Company Name: _____

Policy Number: _____
Policy Holder Name: _____
Phone Number:(____) _____
*(Contact for out of US
coverage)* _____

Health Condition:
 Poor Good Excellent

Do you have any conditions that we should be aware of?
 Diabetic Asthma - Breathing problems
 Injuries Epilepsy
 Heart Blood Pressure
 Other _____

If you have any of the above conditions, please specify
below or on another sheet of paper:

Are you allergic to any medication? If yes, please list:

Special diet required? If yes, please list:

Have you ever been on a missions trip in the past? If
yes, where and when?

Your departure city _____

Send to: Behrman Ministries P.O. Box 180543 Delafield, WI 53018
Phone: 262-646-2084 Deadline : March 26, 2011 Non-Refundable Application Fee : \$50.00

I understand that travel arrangements are subject to change and that team members serve at their own risks. Behrman Ministries is not liable in the event of sickness, accidental death, terrorist acts, acts of nature, or expenses beyond that of normal, prescribed involvement. Team members and staff adhere to policies of dress, conduct attitude and Christian testimony and are subject to dismissal for infractions at the team member's expense. Behrman Ministries Inc. also reserves the right to change trip prices and trip dates in the event it is deemed necessary. I have also read the entire Application Packet, and I understand it and am in agreement with it.

Signed: _____ Date: _____