

2017 MISSION OF MIRACLES APPLICATION

Please note: If you are a recent participant on a Mission of Miracles trip, we only need a new health form and the deposit, as long as your passport and licenses are current and on file with Daisy Bongiovanni.

Date _____

Name as it appears on your passport: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Home Airport: _____

Occupation _____

Professional Skills/Specialty: _____

Do you Speak Spanish? Yes _____ No _____ Very fluent _____ Some _____

Church Affiliation (if any) _____

In what ways do you feel that you can contribute to the Mission or other reasons why you feel called to go on the Mission: _____

Personal information about yourself: _____

Do you have any medical condition which would endanger you or others if you were to engage in strenuous exercise? _____



Have you been on a medical mission in the past? If yes, when and where? _

_____.

If this is your first trip with Mission of Miracles list the name, address, and phone numbers of two references: _____

_____.

GENERAL INFORMATION:

The dates of the 2017 mission will be Saturday January 28th thru Sunday February 5th. Team members pay their own expenses (about \$1700, depending on airfare). This includes airfare, luggage fee if applicable, hotel room, meals, transportation in country, translators, and tips.

A MANDATORY PACKING DAY WILL BE ON SATURDAY, JANUARY 14, 2017. A NEWCOMERS MEETING WILL HELD IN ON A DATE TO BE DETERMINED.

APPLICATIONS ARE DUE BY OCTOBER 1st. In order for your application to be considered a deposit of \$100.00 towards the trip is required, along with a copy of your passport and the health form found on the website. Your passport must not expire within 6 months of our departure. If you are a health professional we will also need a copy of your PROFESSIONAL LICENSE and a current resume or CV.

The team will be chosen based on the needs of the mission and applicants will be notified by the early October. If for some reason you are not selected for this years' mission, your deposit will be refunded.

Please make checks payable to Mission of Miracles. Send completed applications to:

Daisy Bongiovanni
2059 Pine Bluff
Skaneateles, NY 13152

Questions regarding this process: <mailto:daisybongiovanni@gmail.com>

