



Application for Mission Trip

Applicant: This document is to be completed by typing information into each field. Hit "Tab" to move to the next field. You may type as much information into each field as desired.

GENERAL INFORMATION

Date: _____

Name: _____
Last First Middle Maiden

Mailing Address: _____
Street City State Zip

Phone: _____ Birthdate: _____
Home Cell Other (Work, etc.)

Email: _____ Marital Status: Single Married Sex: Male Female

In Case of Emergency, I would like Justice For All to notify:

Name: _____ Relationship: _____ Day Phone: _____

Evening Phone: _____ Cell Phone: _____ Email: _____

Medical

Do you have any medical or physical restrictions that we need to be aware of? No Yes

(If yes, please explain): _____

Do you have any dietary restrictions that we should plan for on this trip? No Yes

Do you have any allergies? No Yes What kind? _____

Do you have any allergies to Pets? No Yes What kind? _____

General References

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

The foregoing information that I have provided above is true and correct to the best of my knowledge. During my participation in a JFA Mission Trip I agree to submit to the leadership of the Justice For All staff. I also understand that all of the information I have submitted will be kept confidential.

Name (Printed): _____

Signed: _____ Date: _____
(Applicant)

After you have completed this Application, return it to paul@jfaweb.org.

Please print, sign and mail this Application, along with a picture of yourself, and your deposit to:

Paul Kulas, Justice For All, 113 N. Martinson, Wichita, KS, 67203.