



Catapult Missions Uruguay Mission Trip Application

Name: _____ Name that you would like to be called: _____
(Exactly as it appears or will appear on your passport)

Passport # _____

Address: _____ City _____ State/Zip _____

Home Phone:(____) _____ Work Phone:(____) _____ e-mail : _____

Date of Birth _____ Have you ever traveled with a Catapult Missions? Yes ____ No ____

If you answered Yes,? What Dates did you travel? _____

(Please circle the answer)

Are you willing to participate & minister in a way consistent with team leader guidelines? Yes No

Are you willing to submit to being monitored and lovingly corrected if necessary? Yes No

If married and attending without your spouse, does he or she support your participation? Yes No

What spiritual gifts do you believe God has given you? _____

What languages do you communicate in other than English? _____

Name and phone of nearest relative or person to contact in case of emergency: _____

Address: _____
(Street) (City) (State) (Zip code)

Please list any physical limitations that may limit your participation and any medications that you are presently taking.

Medical Insurance Carrier _____ Policy # and Phone # _____

How would you describe your temperament? _____

Have you ever been treated for any mental or emotional condition? Yes No If Yes, please explain:

Local Church Name _____ Phone: _____

Address: _____
(Street) (City) State (Zip)

How long have you attended? _____ Pastor's Name _____ Church Phone: (____) _____

Pastor's Telephone Number: (____) _____ Denomination if any _____

Do you attend church regularly now? Yes No

In what areas of church life have you served and in what areas are you currently serving?

Have you had other Christian ministry Training? _____ Describe _____

In what way are you seeking to share Christ with others now? _____

Have you ever traveled abroad? Yes No If "Yes", where and when?

What experiences do you have working with internationals? _____

Explain why you would like to participate as a mission team member.

I have read, understand, and agree with the Application and accompanying information.

Signed _____ Date _____

**Send all completed forms and payments to:
Attention: Darin Torbet**

Catapult Missions 800 Brooks St. Sugar Land, Texas 77478, USA

Website: www.catapultmissions.org

Phone: 713-312-0012

E-Mail: info@catapultmissions.org