



# Honduras

Mission Project Saint Basil the Great

## MISSION TRIP APPLICATION/GENERAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(print name as it appears on your passport)

\_\_\_\_\_  
Passport country                      Passport number                      Date of Expiration

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Religion \_\_\_\_\_ Home Church/Parish \_\_\_\_\_

Emergency Contact Information:

Name \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Please complete page 2 (optional), and return application to:

Honduras Mission Project  
Saint Basil the Great  
8700 Brecksville Road  
Brecksville, Ohio 44141



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## MISSION TRIP APPLICATION/OPTIONAL INFORMATION

1. Why are you interested in participating in a Honduras mission trip?

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2. Have you ever worked on a mission project? Yes No If yes, please describe.

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3. Do you have a speaking or written knowledge of Spanish? \_\_\_\_\_

4. Do you have any special skills that would be helpful to a medical or construction team?  
Yes No If yes, what would they be? \_\_\_\_\_

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5. How did you learn about the possibility of a mission to Honduras?

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6. Is there a particular trip you are interested in, or is there a time of year best suited for your travels? \_\_\_\_\_

7. Describe your state of physical fitness (including limitations, handicaps, allergies).

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8. List medications you are presently taking and for what conditions?

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9. Do you have any special dietary requirements? \_\_\_\_\_

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10. Please include some items about yourself (family, vocation, hobbies, etc.) that could be shared with other team members.

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