

Mission Trip 2010

CHWC

Twin Cities, MN

Tentative Dates: June 13-June 19 (*subject to change*)

Twin Cities, MN is a "Next Level" camp: it is open to those entering the 10th grade in the fall of 2010 and older.

Name _____

Address _____

City _____

State _____ Zip _____

Telephone (home) _____

Telephone (cell) _____

E-mail _____

Date of birth ____/____/_____

Gender (*circle one*) M F

T-shirt Size (*circle one*) S M L XL XXL

The information you provide will be kept confidential.

What is your present and past involvement with St. John's?

(*If not a member of St. John's, please indicate your present involvement with your own religious community.*)

Why are you interested in participating in this mission trip?

What are your expectations for this trip experience?

What are some of the gifts you feel you would bring to this experience?

In what other, if any, mission trips have you participated?

Please list any previous experience that might be relevant to this trip:

General Health Excellent Good Fair

Do you have allergies? Yes No *(If yes, please explain)*

Dietary restrictions? Yes No *(If yes, please explain)*

Do you have physical challenges? Yes No
(If yes, please explain)

Do you have emotional challenges? Yes No
(If yes, please explain)

Your Commitment

If I am accepted to be part of this mission, I undertake to not be involved in any way with drug abuse. I will dress appropriately, keeping in regard local customs and Christian standards. I will avoid inappropriate language and gestures. I will not bring any electronics with me during the week of the mission (cell phones, I-pods) I willingly place myself under the authority of the leaders of this mission.

***Before signing this form, please make sure you are at peace with complying with these conditions. The nature of our missions demands that we take these issues seriously.*

Signed

Date

No application will be accepted without a **\$75.00 non-refundable deposit.
Application will be taken on a first-come, first served basis. Applications received after spots are filled will be placed on a waiting list.*

Please return this application form to:
Lori Taormina by
dropping it off at the education office
faxing it to 952-890-9481
or **mailing it** to the address at right.

Lori Taormina
Youth Minister
St. John the Baptist Catholic Church
12508 Lynn Ave
Savage, MN 55378