Roca Blanca Missions, Inc.

Short-Term Missions Application

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| Last Name: | | First Name: | | | | | Middle Name: | | |
| Street Address: | | | | | | | City: | | |
| State: | | Zip Code: | | | | | E-Mail: | | |
| Home Phone: | | | Mobile Phone: | | | | | | |
| Birth date: | Age: | | Sex: *M F* | | | Height: | | | Weight: |
| Do you have a passport? *Yes No* | | | Passport Number: | | | | | | |
| Marital Status: *Single Married* | | | | | | | | Number of Children: | |
| Parent’s or Spouse’s Name: | | | | | Parent’s Phone: | | | | |
| In case of emergency contact:  Relation to you: | | | | | | | | Home Phone:  Mobile Phone: | |
| Are you able to communicate in Spanish and to what capacity?  (check all that apply)  Speak  Translate  Read  (check one)  Beginner  Intermediate  Advanced | | | | | | | | | |
| What Church do you attend? | | | | | | | | | |
| Church Address:  Church Phone Number: | | | | Pastor:  E-mail: | | | | | |
| How long have you attended? | | | | | How long have you been a Christian? | | | | |
| How would you rate your physical condition? (please circle one) Excellent Above Average Good Fair Poor | | | | | | | | | |
| Do you have or have you ever had: Yes / No  Diabetes ? . . . . . . . . . . . . . . . . . . . . . . . . . . . . Y / N  Seizures ? . . . . . . . . . . . . . . . . . . . . . . . . . . . . Y / N  Heart condition ? . . . . . . . . . . . . . . . . . . . . . . . Y / N  Respiratory problems ? . . . . . . . . . . . . . . . . . . Y / N  Psychiatric care ? . . . . . . . . . . . . . . . . . . . . . . .Y / N  Physical disability ? . . . . . . . . . . . . . . . . . . . . . Y / N  Currently pregnant ? . . . . . . . . . . . . . . . . . . . . .Y / N  Motion or Altitude Sickness ? . . . . . . . . . . . . . .Y / N  Other ? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Y / N | | | | | Please explain any YES answers: | | | | |
| Are you presently under a doctor’s care or taking medication? Yes / No If Yes, please explain below and list medications. | | | | | | | | | |
| Do you have special diet requirements for medical reasons? Yes / No If Yes, please explain below. | | | | | | | | | |

I, the undersigned and we, the parents or legal guardians and/or custodians of the undersigned (if a minor), give permission for the undersigned participant to go on a short-term mission project under the leadership of Roca Blanca Missions, and HEREBY RELEASE AND AGREE TO HOLD HARMLESS Roca Blanca Missions and their officers, employees, agents, and servants, from any liability whatsoever that might occur to the undersigned, as the result, whether immediate or proximate or not, due to my participation in the short-term mission project sponsored by the above mentioned party. I specifically agree to personally provide all insurance policy protection that may be necessary, helpful, or desirable for my participation and I will not rely upon Roca Blanca Missions for such protection.

# Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

*Parent / Guardian (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

**PURPOSE FOR COMING TO ROCA BLANCA**

# Circle and answer everything that pertains to your situation

|  |  |
| --- | --- |
| Serve | Please complete Service Opportunities Skills Inventory and Interest Form below (A) |
| Minister to Others | Please complete Ministry Skills Inventory and Interest Form below (B) |
| Rest & Restoration | Do you wish to receive some counseling and intercessory prayer? |
| HEALING | We focus on healing the person through God’s Grace and not just through counseling |
| Healing - Physical | Please provide details |
| Healing - Spiritual | Please provide any details you feel comfortable sharing now. |
| Healing - Emotional | Marriage Counseling, Addictions, Hurt, Divorce, Anger, Co-Dependency / Low Self Esteem, Depression, Anxiety, AbusePlease provide the general area of need and any details you feel comfortable sharing at this time. |

# SKILLS INVENTORY AND INTEREST FORM

|  |  |
| --- | --- |
| 1. **Service Opportunities** | **Skills / Experience** |
| Medical / Dental |  |
| Vehicle Maintenance |  |
| Construction / Maintenance – Carpentry, Plumbing, Electrician, Construction |  |
| Painting |  |
| Teaching |  |
| Business / Administration |  |
| Agriculture / Landscaping |  |
| Computers – Hardware, Software, Programming |  |
| Telecommunications / Networks |  |
| Appliance Repair |  |
| Language Translation |  |
|  |  |
| 1. **Ministry** | **Skills / Experience / Interest** |
| Children’s Ministry |  |
| Youth Ministry |  |
| Evangelism |  |
| Preach |  |
| Counseling |  |
| Play / Teach Instrument(s) |  |
| Lead Praise & Worship |  |
| Spiritual Gifts |  |

**Please return this application by email to:** [**rocablancamissions@gmail.com**](mailto:rocablancamissions@gmail.com)