

Haiti Missions Questionnaire

Name: _____

Phone: _____ Email: _____

Do you have a current and valid passport? YES or NO

Church you attend: (including City and State) _____

Ministry Choice: (Please Number your 1st and 2nd Choices)

_____ Medical _____ Construction/Maintenance

_____ Children's Ministry _____ Adult Ministry

Length of stay: (Circle only one) 7 Nights 7-10 Nights 14-16 Nights

Have you ever been on a Mission Trip? YES or NO

If answered YES, Where and When? _____

What type of Ministry/Work? _____

Ministry Gifts that you have: (Check as many as apply)

_____ Acting/Drama _____ Music (Playing Instruments/Singing)

_____ Cleaning _____ Organization

_____ Construction/Building _____ Painting

_____ Crafts _____ Planning

_____ Dancing _____ Photography

_____ Doers (Completing Any Task) _____ Preaching

_____ Games _____ Puppet Show

_____ Handyman (or woman) _____ Teaching

_____ Leadership _____ Videography

_____ Other(s): _____