

Roca Blanca Missions Application – *Foreign Visitor*

Last Name:		First Name:		Middle Name:	
Street Address:				City:	
State:		Zip Code:		E-Mail:	
Home Phone:			Work Phone:		
Birth date:		Age:	Sex: <i>M F</i>	Height:	Weight:
Do you have a passport? <i>Yes</i> <i>No</i>			Passport Number:		
Marital Status: <i>Single</i> <i>Married</i>				Number of Children:	
Parent's or Spouse's Name:			Parent's or Spouse's Phone:		
In case of emergency contact:				Home Phone:	
Relation to you:				Work Phone:	
What languages are you able to communicate in and in what capacity?					
Language: _____ (check all that apply) <input type="checkbox"/> Speak <input type="checkbox"/> Translate <input type="checkbox"/> Read (check one) <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent					
What Church do you attend?					
Church Address:				Pastor:	
Church Phone Number:				E-mail:	
How long have you attended?			How long have you been a Christian?		
How would you rate your physical condition? (please circle one)					
<i>Excellent</i>		<i>Above Average</i>		<i>Good</i>	
				<i>Fair</i>	
				<i>Poor</i>	
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, explain below.

Do you have special diet requirements for medical reasons? Yes / No If Yes, explain below.

Doctor's care or medication explanation:

Special diet requirements for medical reasons explanation:

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 Victory Latin American Outreach (Roca Blanca Missions Base), 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 any and 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: _____

Please Return To: Roca Blanca Missions

PURPOSE FOR COMING TO ROCA BLANCA

Serve	Please complete Skills Inventory and Interest Form below (A)
Minister to Others	Please complete Skills Inventory and Interest Form below (B)
Rest & Restoration	Do you wish to receive some counseling and intercessory prayer?
HEALING	We focus on <i>healing</i> 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	<p>Marriage Counseling, Addictions, Hurt, Divorce, Anger, Co-Dependency / Low Self Esteem, Depression, Anxiety, Abuse</p> <p>Please provide the general area of need and any details you feel comfortable sharing at this time.</p>

SKILLS INVENTORY AND INTEREST FORM

A. Roca Blanca Base & Churches' Needs	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	

B. Ministry	Skills / Experience / Interest
Children's Ministry	
Youth Ministry	
Evangelism	
Preach	
Counseling	
Play / Teach Instrument(s)	
Lead Praise & Worship	
Spiritual Gifts	