



Roca Blanca Missions, Inc.

Short-Term Missions Application

Last Name:		First Name:		Middle Name:	
Street Address:				City:	
State:		Zip Code:		E-Mail:	
Home Phone:			Mobile Phone:		
Birth date:	Age:	Sex: <i>M</i> <i>F</i>	Height:	Weight:	
Do you have a passport?		Yes	No	Passport Number:	
Marital Status: <i>Single</i> <i>Married</i>				Number of Children:	
Parent's or Spouse's Name:			Parent's Phone:		
In case of emergency contact:				Home Phone:	
Relation to you:				Mobile Phone:	
Are you able to communicate in Spanish and to what capacity? (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"/> Advanced					
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)					
Excellent		Above Average		Good	
				Fair	
				Poor	

Do you have or have you ever had:	Yes / No	Please explain any YES answers:
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	

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.

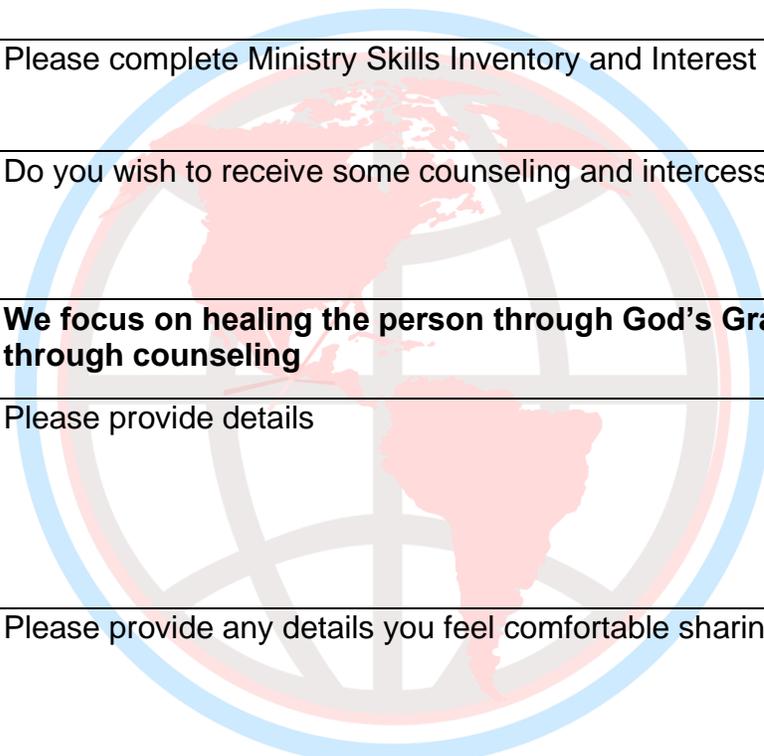
Participant's Signature: _____ **Date:** _____

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	<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>



ROCA BLANCA
MISSION BASE

SKILLS INVENTORY AND INTEREST FORM

A. 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	
B. 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