



GraceWorks Alaska Participant Application

Name: _____
DOB: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
Employer/School: _____
Church you attend: _____
Health Concerns or Disabilities (if so, please detail on the back): _____
Food Allergies: _____
Emergency Contact Name/Phone: _____
T-shirt Size: _____

Questions:

1. Please describe your current church involvement and what ministries you are actively participating with.

2. What prior mission experience have you had? How has this experience impacted your faith?

3. What do you feel are your unique gifts, skills, and/or talents, and how to you envision using them as part of the mission team?

Participant Signature: _____ Date: _____

If under 18, a parent/guardian signature is also required below:

Parent/Guardian Signature: _____ Date: _____