



P.O. Box 38
 Xenia, OH 45385-0038
 (937) 372-3503

Team: _____
 Trip Dates: _____
 Forms are due in OH: _____
 60 days prior to trip departure

For Office Use Only
 Member # _____
 Reviewed by _____

2010 Short-Term Fieldworker Registration

Please print clearly:

Name as it is on your passport: _____ Name you go by: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: () _____ Work Phone: () _____ Mobile Phone: () _____
 Email: _____ Birth Date: _____ Age: ___ Gender: (circle) M F
 Marital Status: (circle) S M D W Church you attend: _____ Occupation: _____

Required Information:
 Passport Number: _____ Country of Passport: _____ Expiration Date: _____
(see bolded note below re: expiration date)
IF YOU ARE NOT A U.S. CITIZEN, it is your responsibility to check with the Embassy of Honduras to determine if you need a visa for entry into Honduras. The phone number for the Embassy of Honduras in Washington, D.C. is (202) 966-7702. You may be referred to a Honduran Consulate near you.
Your passport must be valid 6 months beyond the date of your planned return to the U.S.
 Please attach a copy of the information page of your passport.

T-shirt size: (circle one) S M L XL XXL
 Number of times you have been to Honduras: _____
 Spanish speaking ability: Un poco. None.
 Enough that I am willing to translate in small groups.
 Enough that I am willing to translate sermons/testimonies.
 Enough that I am willing to translate written communication.

For our team's worship times, I am willing and able to lead singing and/or lead devotions.

IN THE EVENT YOU BECOME ILL OR INJURED IN HONDURAS, please

List health problems or concerns that we need to be aware of:	List all prescription medications that you will be carrying with you, and why:
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Known allergies (medication, food, environmental, etc.): _____

Family Information: Spouse _____ Birth date _____ Child: _____ Birth date: _____ Child: _____
 Birth date: _____ Child: _____ Birth date: _____ Child: _____ Birth date: _____
 Family members traveling with me: _____

My signature as **MISSION TRIP LEADER** indicates that I have checked this form and all information requested has been supplied by the fieldworker. _____ Date _____

ACCEPTED by Heart to Honduras, Inc. by _____ on _____.