



www.pimentelproject.org

Full Legal Name as it appears on your Passport

Preferred Name: _____

Date of Birth: _____

month / day / year

Address: _____

City: _____ State: _____

Zip: _____

Phone/Cell: _____ E-Mail: _____

Preferred method of communications: _____

Sex: Male Female

Father's/Guardian's Full Name: _____

Mother's/Guardian's Full Name: _____

Citizen (country): USA Canada Other: please specify _____

Do you have a passport? Yes No; If no, have you applied? Yes No

Passport #: _____

Medical Information

Do you have any allergies? Yes No

If Yes, please explain:

Do you have any physical limitations or disabilities that would affect you in less than ideal conditions such as extreme heat, limited food choices, etc.? Yes No;

If Yes, please explain:

Have you been treated or hospitalized for a mental/emotional condition? Yes No

If Yes, please explain:

Personal Information

Why do you want to participate on a Pimentel Project Short-Term Missions Team?

Describe your relationship with Jesus Christ:

Please indicate which of the following best describes you: Please, check all that apply.

Junior High/Middle School Student High School Student College Student/Young Adult
 Pastor/Minister Group or Youth Leader Adult/Volunteer/Parent

Personal References

Name of pastor/youth pastor or adult that is not related to you:

Name: _____

Church Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Email: _____

Personal Evaluation

What do you feel you can contribute in the way of skills or talents? Please be specific.

Please describe any construction skills and experiences:

Please list any ministry skills and experiences (music, drama, preaching, teaching, etc.):

Other:

Team Commitment

If accepted, I agree to conduct myself in a manner that will bring honor to Christ and to not be critical of my host culture, indigenous people, teammates or leaders. I agree to obey The Pimentel Project rules and instructions given to me by team leaders and The Pimentel Project leaders. I hereby give my consent for The Pimentel Project, Inc to use photos, which include me, and any written testimony I give, for promotional purposes.

Signature:

Date: _____

Emergency Contact Person: _____

ECP's phone #: _____

ECP's email: _____

Please Fill Out the Application, save, and email to either your team leader
or The Pimentel Project, INC at bruce@pimentelproject.org.