

# Mission Taiwan Application

Name on USA Passport: \_\_\_\_\_ Passport Expires: \_\_\_\_\_

Passport #: \_\_\_\_\_ My Parent's Names (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Frequent Flyer account numbers: China Airline: \_\_\_\_\_ Virgin America: \_\_\_\_\_

United: \_\_\_\_\_ Delta: \_\_\_\_\_ American: \_\_\_\_\_ EVA Air: \_\_\_\_\_

Commitments in faith: Yes No I will be flexible Yes No I will attend the team meetings

Yes No I will recruit a prayer and financial support team committed to pray for our mission daily

Yes No I will keep my prayer and financial supporters up to date with status and prayer requests

Yes No I am willing to undergo a background check if Coppell Bible Fellowship/TEAM requires it

Special talents for VBS: \_\_\_\_\_

My short testimony:

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My Emergency contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Check the appropriate blank if you have had any of the following and describe your condition.

\_\_\_ Allergies (including Rx) \_\_\_ Respiratory Problems \_\_\_ Diabetes \_\_\_ Epilepsy

\_\_\_ Dizziness or Fainting \_\_\_ High Blood Pressure \_\_\_ Heart Trouble \_\_\_ Asthma

\_\_\_ Operation in Last Year \_\_\_ Regular Medication \_\_\_ Physical Disability \_\_\_ Other

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