



Travel Specifics & Application

Please send this form to World Hope, Attention: Trips Department, 500 S. Semoran Blvd, Orlando, FL, 32807, by email to hopenetrips@weareworldhope.com or by fax to (407)381-2609. Upon receipt and review, we will contact you with further instructions.

TRAVELER PROFILE:

Trip Location: _____ Trip Dates (if applicable): _____

First: _____ Middle: _____ Last: _____
Name (as it appears on your passport or driver's license/legal i.d.)

Home Address: _____
City: _____ State: _____ Zip Code: _____

Home Phone#: _____ Cell Phone#: _____

Email Address: _____ Date of Birth: ____ / ____ / ____

T-Shirt Size (circle one): S M L XL 2XL 3XL

PASSPORT INFORMATION (International Trips, please attach passport copy with your forms.)

Passport Number: _____ Expiration Date: _____ Date Applied: ____ / ____ / ____
(If you do not have a passport yet.)

DRIVER'S LICENSE OR LEGAL I.D.:

D.L. Number: _____ Expiration Date: _____

OCCUPATION:

Occupation & Job Description: _____

SKILL, TALENT & INTEREST (Please fill out completely. This helps us assess what type of trip we will have):

How were you introduced to World Hope? Friend My Church Website Radio Other
Please tell us about your professional training skills and/or abilities: (i.e. medical, carpentry, electrical, architecture, athletics, musical instruments, children's programs, cooking, etc.) _____

Please tell us about your talents, gifts, hobbies and interests: (i.e. sign language, singing, playing instruments, evangelism, etc.) _____

Please know that no matter what your talent or gift, we can use you.

SPIRITUAL PROFILE:

Name of your Home Church: _____ City: _____

Are you a member? Y or N If so, how long have you been a member? _____

Please tell us about any ministries you are involved in at your church: _____

TESTIMONY: Please share your salvation & faith journey experience _____

Have you ever been on a mission's trip? Yes _____ No _____

If yes, please describe: (where, when, what ministry was performed?) _____
