



Ghana Initiative

# Ghana Initiative Medical Missions Volunteer Application

*(Cost of Trip: \$3125 per person)*

Fee includes Air & Ground Transport, Room and Board, Travel Insurance and document preparation.

**The Total Fee must be paid by April 15, 2017!**

**Dates of travel: August 3-14, 2017**

## Applicant Information

Date of application submission: \_\_\_\_\_

Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ M/F \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Passport Information (if available) Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Education and Employment Experience

Describe your area/field of study and your current employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Please attach a copy of your medical/nursing diplomas and/or licenses to this application if you have one.*

## Church and Christian Life

What Church do you currently call your home? \_\_\_\_\_

How long have you attended your current church? \_\_\_\_\_

Pastor's name, address, phone number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What does being a Christian mean to you? (Use back if needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain any prior mission experiences you may have been a part of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How do you hope to share your faith through participation in the Ghana Initiative mission assignment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Make all checks payable to "Harvest Field" (Include Ghana Initiative on memo line of check)**

**Please attach the Pastoral Reference form from your pastor to this form and return to:**

**Ghana Initiative, P.O. Box 122, Mount Joy, PA 17552**

**Contact Troy Pfoutz with questions@ (717)615-4459**