

Do you have any special skills that would be helpful to a medical or service mission team? Yes No
If yes, please describe:

Describe your state of physical fitness (including limitations, handicaps, allergies, etc) _____

List medications you are presently taking and for what conditions: _____

Do you have any special dietary requirements? Yes No If Yes, please describe: _____

Is there anything else you'd like us to know about you regarding your being a part of a mission team? _____

Do you anticipate needing financial assistance for the cost of being a member of a mission team? Yes No If yes, how much would you like us to consider helping you with? _____

If you have a Continental OnePass, please write it here _____.

Please submit this form and a copy of the inside page of your passport before October 1, 2010 by email to mausperk@gmail.com, by fax to 1-866-839-5694 or by mail to

Fr. Mike Ausperk
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