



Montaña de Luz  
Providing hope for children  
affected by HIV/AIDS in Honduras

# Short Term Mission Trip

## Application Form

T-shirt Size \_\_\_\_\_

Date of Trip: \_\_\_\_/\_\_\_\_/\_\_\_\_

Church/Organization: \_\_\_\_\_

Number of MdL Service Trips Previously Participated in (if applicable) \_\_\_\_\_

### PLEASE PRINT

Name **exactly** as it appears on your passport: \_\_\_\_\_  
First Middle Last

Name you preferred to be called: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ *If under 21, the notarized power of attorney form must also be completed.*

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_, \_\_\_\_\_

Phone #s: H:( ) \_\_\_\_\_ W: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Profession: \_\_\_\_\_ Email address: \_\_\_\_\_

Do you speak Spanish: Fluently \_\_\_\_\_ Moderately \_\_\_\_\_ A little \_\_\_\_\_ None \_\_\_\_\_

Special skills (i.e. construction, computer, musical, medical, etc.) \_\_\_\_\_

Special health concerns: \_\_\_\_\_

Medicines currently taking: \_\_\_\_\_

Special diet required? \_\_\_\_\_

How did you hear about Montaña de Luz? \_\_\_\_\_

Why do you want to participate in this experience? \_\_\_\_\_  
(use the back for more space)

Emergency contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #'s Daytime: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

***I (circle one) Do / Do NOT give permission for Montaña de Luz to use photographs of me taken on the trip for promotional use.***

\_\_\_\_\_  
Participant signature date Parent's signature (if minor) date

\*Please send completed application and a check (payable to Montaña de Luz) for \$100.00 deposit to  
**Montaña de Luz P.O. Box 410, Worthington, OH 43085**