

## PATHWAY TO JOY MINISTRIES, INC.

### General Info.

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Pathway to Joy Ministries, Inc. (PTJM) Trip Dates \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Name you prefer to be called \_\_\_\_\_ Trip Description: \_\_\_\_\_

Home Address \_\_\_\_\_

(City)

(State)

(Zip)

Home Phone (\_\_\_\_) \_\_\_\_\_ Work/School Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ (Please write clearly and distinguish between letters and numbers)

### Character References

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Name \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Telephone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

What is your local church affiliation? \_\_\_\_\_ Are you a member:  Yes  No

Pastor's Name \_\_\_\_\_ Church Phone # \_\_\_\_\_

### Travel Information

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Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ How did you hear about this trip? \_\_\_\_\_

Do you have a roommate preference? \_\_\_\_\_ T-shirt size: \_\_\_\_\_ Do you speak any languages other than English?

If yes, please list the language(s) and your level: \_\_\_\_\_  Beginner  Intermediate  Fluent

Have you traveled with PTJM within the past 18 months?  No  Yes If yes, list most recent trip (country/dates/group): \_\_\_\_\_

Have you ever been convicted of a crime, other than a minor traffic violation?  Yes If yes, please explain on back of page  No

General Health:  Above Average  Average  Below Average

List any Chronic Health Problems \_\_\_\_\_

List any Physical Limitations/Disabilities/Restrictions (climbing stairs, extended walking, back fatigue, etc.) \_\_\_\_\_

Medicine Allergies \_\_\_\_\_ Other Allergies (food, etc) \_\_\_\_\_

Medication you are currently taking \_\_\_\_\_

### Ministry Information (not needed for participants who traveled on a PTJM mission trip within the past 18 months)

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**PLEASE EXPLAIN YOUR ANSWERS TO THE FOLLOWING QUESTIONS IN DETAIL - Use the back of this page or attach additional pages**

- (1) How did you come to know Jesus Christ as your personal Savior?
- (2) Please describe how your relationship with Christ is currently being developed.
- (3) What is the most difficult experience you have faced in your life?
- (4) What are your prayer requests concerning your involvement with this mission project?
- (5) Are you willing to be a representative of Christ and PTJM during your time overseas?  Yes  No
- (6) Are you willing to be led by the authority of PTJM staff while overseas?  Yes  No

### Passport/Next Steps Information

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To obtain a passport, visit the government website: [http://www.travel.state.gov/passport/passport\\_1738.html](http://www.travel.state.gov/passport/passport_1738.html)

Passport Number: \_\_\_\_\_ Citizenship \_\_\_\_\_ PTJM must have your official passport number 60 days prior to departure.  
Acceptance of your application to travel on the mission trip is in the sole discretion of PTJM and without explanation.

**MAIL COMPLETED APPLICATION and \$100 DEPOSIT:**

**PTJM  
ATTN: Mission Trips  
1415 Wiley Street  
Hollywood, FL 33020**