



"Whatever you did for one of the least of these brothers, you did for me." Mt 25:40

## **Short Term Mission Trip Application for Summer Camp in Latvia**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date of Passport \_\_\_\_\_

Are you currently in: High School \_\_\_\_\_ College \_\_\_\_\_

Freshman    Sophomore    Junior    Senior    Grad

Name of School \_\_\_\_\_ Major \_\_\_\_\_

School year address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

What Church do you attend? \_\_\_\_\_

Pastor's name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Do you speak Russian? \_\_\_\_ or Latvian? \_\_\_\_

Where have you in Eastern Europe or Russia? \_\_\_\_\_

Briefly describe your relationship with Jesus Christ. \_\_\_\_\_

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What skills do you possess that will help H.I.M. bring the Gospel to the youth of Latvia?

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Why do you want to be a part of the H.I.M. summer camp program? \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail your application along with a non-refundable deposit of \$300 to H.I.M. address.

Hope International Ministries, P.O. Box 211, Wheaton IL. 60187

- ❖ website: [www.him4kids.org](http://www.him4kids.org)
- ❖ e-mail: [info@him4kids.org](mailto:info@him4kids.org)
- ❖ phone: 630-546-7605