

THE OPC QUÉBEC PROJECT
844 rue de Contrecoeur, Ste Foy, Québec G1X 2X8, Canada
§ / (418) 659-7943 • E-MAIL/ *b_westerveld@hotmail.com*

APPLICATION FOR QUEBEC SHORT-TERM MISSION PROGRAM

PERSONAL INFORMATION: *(please print, attach additional sheets if necessary)*

Name: _____
Title First Middle Last

Present address: _____

Address that will always reach you: _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address: _____

Marital Status: Single Engaged Married Separated Divorced Widowed

If married, will your spouse be traveling with you? N/A No Yes (please attach a separate application)

Date of birth: _____ Birthplace: _____ Sex: M F

Present citizenship: _____ If naturalized, when and where: _____

U.S. Social Sec. No.: _____

Passport No. _____ Country of Issue: _____ Date of Expiration: _____

Highest education level: _____ Degrees (and year obtained): _____

Are you presently a communicant member in good standing of an evangelical Protestant church? _____

Name of local church of which you are a member: _____

Address of church: _____

Name of pastor: _____

Telephone number of church office: _____ Pastor's e-mail: _____

Medications taken regularly: _____

Known allergies to medications: _____

Why do you want to participate in this program? _____

Have you had prior evangelism training? ____ If yes, please describe

EMERGENCY CONTACT INFORMATION:

Name of person to be contacted in case of emergency: _____

Relationship to you: _____ E-mail address: _____

Address: _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

PLEASE ENCLOSE WITH THIS FORM:

1. A recent photo of yourself, giving the month and year when taken.
2. A letter from your session or consistory commending you to this service.

If I am accepted into the program, I agree that, while I am in Québec on this mission trip, I will be under the administrative oversight of the local session of Église Reformée St. Marc de Québec and subject, in the Lord, to its authority and direction.

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Signature: _____ Date: _____