

## Children of Peace International Statement of Interest in Mission Trip

\*\*\*If you plan to join the Spring Mission, (often in March), please mail this application to:  
COPI Spring Mission c/o Curtis and Raina Zeeh 2010 Tall Pines Way Sandy, UT 84092.

\*\*\*If you plan to join the Summer Mission, (often in late July), please mail this application to:  
COPI Summer Mission c/o binh rybacki 773 Johnson Ave. Loveland, CO 80537

**You may send this application to [copimission@gmail.com](mailto:copimission@gmail.com)**

### All information will remain confidential

Today's Date:		Trip Applying For:			
Applicant's Last Name:		First:	Middle:	Marital Status:	
Birth Date:	Age:	Gender:	Place of Employment:	*Occupation:	
Home Street Address:		Home Phone:	Cell Phone:	Work Phone:	
City:	State:	Zip Code:	Email:		
<b>Travel Document Information</b>					
*Do you have a passport? (circle)    Yes    No	Passport Number & Country:		Passport Expiration Date:	Citizenship:	

\*All licensed medical and dental volunteers will need to provide a copy of current license pending invitation to mission.  
\*You must submit a valid passport 2 months prior to departure for visa application.

### Questions:

Write your answers in the spaces provided. If additional space is needed, continue on another sheet of paper and attach it to this application. All information you provide will remain confidential but may be revealed in an emergency if medically necessary.

1. Have you ever traveled outside the USA? If so where? \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been on a mission trip before? List mission trips: \_\_\_\_\_  
\_\_\_\_\_

3. How did you hear about Children of Peace International? \_\_\_\_\_  
\_\_\_\_\_

4. Do you have any special needs that could warrant special attention during a mission trip? Please describe: \_\_\_\_\_  
\_\_\_\_\_

5. Have you had any medical problems in the past six months? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
6. List medications you are currently taking and what they are for: \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any dietary limitations (such as: hypoglycemia, diabetes, etc.)? \_\_\_\_\_
8. Do you have any training/certification in any medical profession (i.e. MD, RN, EMT, PT, etc.)? If you plan to use this training or certification on the mission, you will be asked to provide a copy of your license. \_\_\_\_\_  
\_\_\_\_\_
9. What skills and/or experience do you have that might be helpful on this mission trip? (i.e. face painting, balloon art, clowning, hugging kids) \_\_\_\_\_  
\_\_\_\_\_
10. Do you know any foreign languages? If so which ones? \_\_\_\_\_  
Rate yourself 1-5 with 1 being minimal and 5 being fluent in:  
Speaking? \_\_\_\_\_ Reading/writing? \_\_\_\_\_ Understanding? \_\_\_\_\_
11. Do you have any issues concerning Viet Nam, such as the war, the history? Please explain: \_\_\_\_\_  
\_\_\_\_\_
12. Why do you want to go on a mission to Viet Nam? \_\_\_\_\_  
\_\_\_\_\_
13. Group dynamics are a very important factor for the success of the mission. Are you (circle all that apply):  
a peacemaker                      a team player                      a problem-solver                      punctual  
a person who goes with the flow                      a person in need of private/quiet space
14. How do you handle unexpected events such as: change in schedule or plans, etc? \_\_\_\_\_  
\_\_\_\_\_
15. Is there any other information that we should know about (felony convictions, legal matters, etc.)? \_\_\_\_\_  
\_\_\_\_\_
16. Is your name listed on any sex offender registry in any state in the U.S.? \_\_\_\_\_

### **Applicant Agreement**

The information I have provided is true and complete to the best of my knowledge and I authorize Children of Peace International to verify the authenticity of my statements with the appropriate authorities. In the event that I am accepted to be a participant in this mission trip, I commit to fulfilling the requirements and submit myself under the leadership of the mission team leaders.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date