

Follow the Source DTC
Source of Light Ministries International
Jamaica Short-term Application

Circle Type of Trip: School Ministry **or** Building Dates: _____
NAME: _____ Birthdate: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Church Affiliation: _____ Phone Number: _____
Address: _____
Pastor's Name: _____

Do you have medical insurance that will cover you outside of the USA?
Name of Company: _____
Identification Number: _____ Phone Number: _____
Group Number: _____

How did you hear about this trip? _____

What ministries are you presently involved in? Please give name of ministry, how long you have participated, and name and phone number of one person you work with in this capacity.

1. _____
2. _____
3. _____

Why do you want to go on this trip?

Do you know, if you were to die today, where you would spend eternity?

Please turn over this sheet and write one or two paragraphs telling us what you base your answer on.

Please ask your Pastor to send us a letter of recommendation.

This form must be signed and submitted, along with a non-refundable deposit of \$200. a minimum of 45 days prior to the trip. If you application is not accepted, your money will be refunded.

SIGNED: _____
Dated: _____

Send to: Mr. & Mrs. Donald Schiffer
 Follow the Source DTC
 269 Trail's End Road Ext.
 Shinglehouse, PA 16748

If you are under 21, you must have a permission form filled out by a parent or guardian.