

**BUILDING SOLID FOUNDATIONS APPLICATION**  
**PLEASE PRINT AND COMPLETE THE FOLLOWING INFORMATION**

Your name **AS IT APPEARS ON YOUR PASSPORT:**

\_\_\_\_\_

Passport expiration date \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street)

\_\_\_\_\_

(City)

(State)

(Zip Code)

Mobile phone (\_\_\_\_\_) \_\_\_\_\_ Alternate phone (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

How did you hear about this trip? \_\_\_\_\_

Are you an attending physician, RN, PA, educator, other? \_\_\_\_\_

Are you a Resident? \_\_\_\_\_ If yes, what year? \_\_\_\_\_

What is your specialty? \_\_\_\_\_

If applicable, what is your glove size? \_\_\_\_\_

Are you allergic to latex? \_\_\_\_\_ Do you need powder-free gloves? \_\_\_\_\_

Please provide the NAME and PHONE NUMBER of a person to contact in an emergency: \_\_\_\_\_

\_\_\_\_\_

Do you have prior mission trip experience? If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Any dietary/allergy/health information we should know about you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Return this form and your \$500 non-refundable deposit check to:**  
**Building Solid Foundations c/o Grace Quartey, CPA, 140 Roosevelt Ave. Ste. 200, York, PA 17401**  
**Please make your check payable to Building Solid Foundations.**