Christian Medical Ministry to Cambodia / Jeremiah's Hope

General Application

General Information

Name (as it appears on passport) _____

Passport number _____ Expiration Date _____

Name of Spouse _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Birth Date _____ Sex _____ Marital Status _____

Church Membership _____ Length _____

In case of emergency, please contact:

Name _____ Relationship _____

Address _____ Phone _____

Education Information

Name of High School _____

Undergraduate School _____ Degree ____

Graduate School _____ Degree ____

Medical School _____ Degree ____

Other _____

Occupational Information

Current Occupation_____ Years _____

Employer _____

Address _____ Phone _____

Positions over last 10 years _____

_____

_____

_____

_____

Please write a paragraph of how you learned about CMMCJH, why you want to go on one of our trips, and what you expect to get out of the experience.