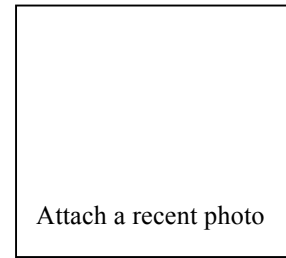


**OKLAHOMA DISTRICT APOSTOLIC  
MAN DEPARTMENT  
2018 MEN'S MISSION TRIP  
February 26<sup>th</sup> – March 3rd**



Return your completed application by January 10, 2018. A non-refundable deposit of \$200.00 must accompany application and will be applied to the cost of your trip. The total cost of the trip is \$2,000. One half of the remaining balance will be due January 22, 2018, and the remaining balance will be due February 5, 2018. There will be no refunds available after January 22, 2018. You may schedule regular credit/debit card payments on a biweekly or monthly basis using the attached form.

***NOTE: All people traveling to the Belize will need to obtain a valid passport.  
Feel free to make copies of this application. Please type or print legibly.***

**Personal Information**

Name: \_\_\_\_\_  
Rev/Mr. First Middle Last Nickname or Preferred name

Current Address: \_\_\_\_\_  
Street Address or PO Box #

\_\_\_\_\_  
City State Zip ( ) - ( ) -

( ) - Email: \_\_\_\_\_ Date of Birth: / / \_\_\_\_\_  
Work #

Do you have a passport? \_\_\_ Yes \_\_\_ No Place of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Name as appears on Passport: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship to You

\_\_\_\_\_ Street Address City State Zip  
( ) - ( ) - ( ) -  
Home Phone Work Phone 2<sup>nd</sup> Contact Phone

**General Information**

Have you ever went on a Missions trip before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Where? \_\_\_\_\_

Please check your skills available for this missions trip:

\_\_\_ Woodworking \_\_\_ Cement \_\_\_ Carpenter \_\_\_ Roofing \_\_\_ Plumbing  
\_\_\_ Electrician \_\_\_ Painting \_\_\_ Laborer \_\_\_ Builder \_\_\_ Flooring

Why do you want to take this Missions Trip?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Family and Health Information

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married

Check your answer for each of the following, giving explanation on a separate sheet for any 'yes' answers:

1. Are you taking medication under a doctor's direction? \_\_\_\_\_ yes \_\_\_\_\_ no
2. Do you require a special diet? \_\_\_\_\_ yes \_\_\_\_\_ no
3. Do you have any chronic health problems or physical limitations? \_\_\_\_\_ yes \_\_\_\_\_ no
4. Is there any reason you would not be able to engage in rigorous Outdoor activity, primitive living, high altitudes, extreme temperatures? \_\_\_\_\_ yes \_\_\_\_\_ no

## References

To assist us in evaluating your application, we need references from people who know you well. Please provide us with names of appropriate individuals and forward the enclosed reference forms to them. **Do Not List Relatives**

**Pastor:** Rev. \_\_\_\_\_  
First name Last Name

\_\_\_\_\_ ( ) - \_\_\_\_\_  
Street Address City State Zip Phone

**Friend:** \_\_\_\_\_  
Rev./Mr./Ms First Name Last Name

\_\_\_\_\_ ( ) - \_\_\_\_\_  
Street Address City State Zip Phone

I understand that the Oklahoma District Apostolic Man is sponsoring a trip to Belize to do a Mission building Project for a missionary of the UPCI, Rev. Dwayne Abernathy. I also understand that I am responsible for all expenses for this trip and will represent the United Pentecostal Church and the Articles of Faith while I am on this trip. I also understand I am responsible for all medical treatments through my insurance and that the group that is sponsoring is responsible for nothing except for preparing travel arrangements.

\_\_\_\_\_  
Signature Date

Visit [www.okapman.com](http://www.okapman.com) to download information and application.

Mail completed application to:  
**Gregg Joki\* Oklahoma District Apostolic Man**  
**PO Box 253 • Dewar, OK 74432**  
**OR**  
**Rob Curtis\*Oklahoma District Apostolic Man**  
**3416 VINE STREET • CHICKASHA, OKLAHOMA 73018**

**Rev. Gregg Joki** 918 -814-8801 [gjoki@dewarupc.org](mailto:gjoki@dewarupc.org)  
**Rev. Rob Curtis** 405-320-8312 [robertw619@yahoo.com](mailto:robertw619@yahoo.com)