



## 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, joint occupancy lodging, or 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 remodel project in Sulphur, Oklahoma. I also understand that I am responsible for all transportation to and from the project 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 providing lodging and meals.

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

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

**Mail or Email completed application to:**  
**Robert Curtis- Oklahoma District Apostolic Man**  
**• 3416 Vine Street, Chickasha, OK 73018**

**Rob Curtis (405) 320-8312 [robertw619@yahoo.com](mailto:robertw619@yahoo.com)**