

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 (If you have Pastor approval only Pastor information is needed)

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 Lawton, 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 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