



PUERTO RICO MISSION EXPERIENCE APPLICATION

Applicant's Information

Full Name:

Address:

City: State/ Province:

Postal code: Country:

Email Address:.....

Work Phone: Mobile phone:

Passport Number*: Country:

Passport Expiration Date:

**Please attach a scanned copy of your passport*

Participant Allergies:

Participant Medical Insurance*:

Group ID Number:

**Please attach or send by email through the website the following:
Insurance card and COVID-19 Vaccination Record*

Emergency Contacts:

1. Full Name:.....

Email Address:

Work Phone: Mobile phone:

Address:.....

2. Full Name:

Email Address:

Work Phone: Mobile phone:

Address:.....

Previous Mission Experience: Please state where and briefly explain what you did:

.....
.....
.....

Additional areas of expertise that could be useful:

.....
.....

Professional Licenses (if applicable): Please attach a scanned copy

.....

Do you congregate in any particular church?:

Yes No

If yes, please list the name and address of your congregation:

.....
.....

Name of the senior or leading pastor:

.....

Are you part of a specific group?

Yes No

Are you part of an CPL International organized group?

Yes No

I'm interested in getting more specific details.

Phone number where you can contact me:

.....

Email Address where you can contact me:

.....

Please Email your completed form for lauren@cplives.org