Philippines 2017 Returning Application

Name on Passport		Name you go by	
(First, Mide Marital Status: S M D W	Date of Birth		
Mailing Address		(MM/DD/YY)	
City	State Zip		
Cell Other Phone			Attach Current Photo Here
E-mail Address	imary form of communic	ation used**	Photo nere
School/Graduation Year			
School/Graduation Year			
If not a student, what is your occupation?			
If you are <i>away</i> at college, please provide your mailing address:			
Street Address			
City State_			
(Summer Trip Only)			
Is your passport current? Yes* No If NO, have you reapplied yet? Yes No ***Expiration date must extend 6 months beyond return date! <u>IF YOUR PASSPOT IS CURRENT, PLEASE SUBMIT A COPY WITH THIS APPLICATION</u>			
Passport #: Expira	ition:	Delta SkyMiles #	:
Which trip are you applying for? January 21 – February 5 July 1 – July 16	•	•	ne orphanage? I Yes I No not be an option for January)
July 1 – July 22 What airport would you like to fly from?			
July 1 – August 61st Choice:July 15 – August 62nd Choice:July 22 - August 6			
What did you enjoy most about your last trip to the Philippines?			
What are you currently doing to gr	ow in your relatior	nship with Christ? _	

It is our desire that all team members come to *serve* as Christ came to serve (Philippians 2:5-11). With this in mind, read the following pledge and sign below if you are willing to make this commitment.

I pledge to willingly submit to the authority of my team leaders, the Filipino staff, and others put in leadership positions. I understand that I am not entitled to a leadership position as a returning applicant. I commit to refrain from gossiping, to avoid complaining, and to respect the staff and opposite gender with my words, actions, attitude, and dress.

(Please sign if you are willing to make this commitment)

Please mail this <u>fully completed</u> application to the following address: Bob Tebow Evangelistic Association 8834 Goodby's Executive Dr., Suite F Jacksonville, FL 32217