



LAMB, INC.

LATIN AMERICAN MEDICAL BRIGADES

P.O. Box 1755

BEMIDJI, MN 56619-1755

Phone: 218.335.0123 or 218.224.2123 or 218.766.8251

LAMB PARTICIPANT APPLICATION

Name: _____ Date of Birth: _____

Spouse's Name: _____ Occupation: _____

Home Address: _____

Church Address:

Home Telephone: _____ Work Telephone: _____

E-Mail: _____ Fax Number: _____

Name of Church: _____

Denomination/Doctrinal Persuasion: _____

*Passport Number: _____ Place of Issue: _____

(Please see last page for information on obtaining a passport)

Date of Issue: _____

Ministry: *Gifts/Specialties/Vocation*: _____

Health Problems or Concerns (*in case of an emergency*): _____

Reason for Interest in LAMB MISSION TRIP:

Emergency Contact (*Name, Address and Phone Number*): _____

Any Expectations You May Have: _____

Personal Testimony: _____

Please List the names, addresses, and phone numbers of two references (*preferably Pastors*):

*Passport Processing: Go to your local county courthouse and apply as soon as possible for your passport. This process takes approximately six weeks and the cost may vary (*about \$85*). Go to Office Max or Wall-Mart or someplace that will take a Passport Photo (*Cost about \$10*).

Please send completed Application to:

LAMB, Inc
(PO Box 1755
Bemidji, MN 56619—1755