



**Application for Lifechangers Summer Missionary Position
Dallas Baptist Association**

Today's Date:		
Name:	Birthdate:	
	SSN	
Home Address:		
City:	State:	Zip:
Telephone:		
Email Address:		
School:	Grade Completed by June 07:	
T-shirt size: S M L XL XXL		
Do you have any health restrictions which might affect your ability to serve this summer? Yes No		
If yes, describe:		
Allergies:		
List Prescription Medications:		
Do you have health insurance? Yes No		
Have you been convicted of a felony? Yes No		
If yes, describe:		
Have you been convicted of sexual harassment or abuse?		
Yes	No	If yes, describe:
Have you been convicted of child endangerment, abuse, or neglect? Yes No		
If yes, describe:		
Church Membership:		
Address of Church:		
City:	State:	Zip:
Who is your pastor?		
If the above is your college church, what is your home church?		
Address:		
City:	State:	Zip:

