

A Pilgrimage of Pain and Hope—UGANDA

DUKE DIVINITY SCHOOL
OFFICE OF BLACK CHURCH STUDIES
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Durham, NC 27708-0968
919-660-3444

Fax: 919-660-3473 Attention: OBCS

Please complete the questions below and return this form no later than October 31, 2008, to the address at the top of this form.

NAME: _____

AFFILIATION WITH DUKE DIVINITY
SCHOOL OR DUKE UNIVERSITY: _____

LOCAL
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LOCAL
PHONE: _____ FAX: _____

LOCAL
EMAIL: _____

OCCUPATION/TITLE: _____

BUSINESS
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS
PHONE: _____ FAX: _____

BUSINESS
EMAIL: _____

SOCIAL SECURITY No., TIN or TRAVEL VISA No. _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE
(mo./day/yr.)

PASSPORT No.: _____ ISSUE DATE: _____ LOCATION: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

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UNITED STATES
CITIZEN?:

YES NO

IF NOT U.S.
CITIZEN, LIST
COUNTRY OF
CITIZENSHIP:

DENOMINATION:

ANNUAL
CONFERENCE/PRESBYTERY/DIOCESE/
JUDICATORY:

LOCAL CHURCH NAME:

LOCAL CHURCH ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

EMAIL:

1. Why would you like to participate in the Pilgrimage of Pain and Hope to Uganda?

2. Have you done any coursework or participated in any activities which have heightened your understanding of Uganda or other transitioning countries in the world?

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3. In what ways do you see this pilgrimage relating to your present ministry/work?

4. Are you willing to covenant with the members of the Pilgrimage to engage in daily corporate worship, private devotions, journalling, listening and sharing? If, yes, please sign your name below.

5. Will you be under any restrictions for health or medical reasons? If so, please describe in detail (use separate sheet if necessary).

6. Are you required to take medication regularly? Yes No

If yes, what is the medication and what are the conditions under which it should be administered (use separate sheet if necessary)?

7. Must your diet be restricted for health or other reasons? Yes No

If yes, please describe those restrictions (use separate sheet if necessary).
