

Travel Seminar to Peru

March, 8-16 2008

The Divinity School

P.O. Box 90968

Durham, NC 27708-0968

(919) 660-3444

Please complete the questions below and return this form no later than October 16, 2007 to the address at the top of this form.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

DUKE AFFILIATION: STUDENT ALUMNI FACULTY STAFF FRIEND

ARE YOU APPLYING WITH SOMEONE ELSE? _____

If yes, provide name and relationship

IN THE EVENT THAT SPACE DOES NOT ALLOW FOR YES NO

BOTH OF YOU TO PARTICIPATE ARE YOU WILLING TO TRAVEL WITHOUT TO CO-APPLICANT?

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

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: _____

ARE YOU A MEMBER OF THE WESTERN NORTH CAROLINA CONFERENCE? YES NO

ARE YOU A DUKE ENDOWMENT CONGREGATION PASTOR? YES NO

1. Why would you like to participate in the DDS Peru Missions Trip?

2. Have you done any coursework or participated in any activities which have heightened your understanding of Peru or other transitioning countries in the third-world. Please indicate any Spanish courses that you have taken.

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

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

5. 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)?

6. Must your diet be restricted for health or other reasons? Yes No
If yes, please describe those restrictions (use separate sheet if necessary).

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

Name

Date