

Hands of Healing

Medical/Dental Missions

P. O. Box 54786
Hurst, Texas 76053

Application

Name: (As appears on your passport) _____

Trip Preference: (1st Choice) _____

(2nd Choice) _____

Address: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

E-mail: _____

Employer: _____

List any special skills or experience you may contribute to a medical/dental mission team:

List any licenses held or other special training you may have:

List any other mission teams you have been a part of in the past:

List any language, artistic, musical or teaching skills you may contribute to a future team:

Signature/Date

Please provide any
airline program
numbers here. (ie:
American Advantage
number and name)