



Legal Name _____ Preferred Name _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

School _____ Your Phone (_____) _____

School Address _____ Until _____

E-mail _____ Date of Birth _____ Male Female

Church _____ Pastor's Name _____

Passport number _____ Expiration Date _____
 (If you don't have a passport, apply as soon as possible)

Emergency Contact _____ Phone _____

1. Do you speak a language other than English? Yes _____ No _____ If yes, what language(s)? _____

2. Describe your health, including allergies: _____

Please answer briefly the following questions:

1. How did you hear about Little Lambs Ministry?
2. Describe your relationship with Jesus Christ.
3. What previous mission experience do you have?
4. Describe your confidence in leading in any of the following camp activities: Bible lessons, music, crafts, or skits.

Please list two people in your church family who know you and will serve as references:

a. _____ Phone _____

b. _____ Phone _____

Signature _____ Date _____

Apply Soon!

Dates of trip: January 1-11 Cost: \$2000 from Chicago
 Application and \$250 deposit due October 1, 2011



Please Email this application and a recommendation letter from your pastor to: Littlelambsusa@spcglobal.com
 Send a deposit of \$250.00 by mail to: Little Lambs Ministry - P. O. Box 87463 - Carol Stream, IL 60188 - Tel (630) 260-1947