



2010 Trainee Registration

Section A- required

Name: _____	Date of Birth: _____
Mailing Address: _____	
Mission Organization: _____	
Telephone: _____	Cell Phone: _____
Your primary language: _____	Citizenship: _____
E-mail Address(s) _____	

Section B - complete if married

Spouse: _____	Date of Birth: _____
Spouse's primary language: _____	Citizenship: _____
Date of Anniversary: _____	

Section C - complete for each non-adult child

	<i>Child's Name</i>	<i>Date of Birth</i>	<i>School Grade</i>	<i>Type of Schooling</i> <i>(public, home school, private)</i>
1				
2				
3				
4				
5				
6				
7				

If you are pregnant, give estimated delivery date: _____

Do you anticipate a change in your family's schooling situation in the near future, or have you recently gone through a change? Yes No

If yes, please explain:

Would you like the MK Ministry Coordinators to help you communicate with the school(s) about obtaining school work to finish up the school year? Yes No

Ministry Information:

What is/ will be your geographical assigned field of service? _____

What stage of ministry are you currently in? (check space and underscore specifics)

_____ Pre-field (raising support, moving to, or changing fields)

_____ Field assigned

When will/ did you move to the field? _____

What will be your ministry involvement? (i.e. direct church planting, aviation, camping, etc.)

When were you accepted with your mission agency? _____

What do you anticipate as being the most challenging cultural differences you will face?

Are you or do you anticipate learning a new language for ministry? Yes No

If "yes," what language will you be learning? _____

What are the three top areas where you feel the most need for transcultural preparation?

How do you expect **PATH** to be of help in preparing you for transcultural ministry?

In what other areas would you like the **PATH** training experience to be of encouragement or preparation for you and your family? (i.e. Personal holiness, family, loneliness, Spiritual warfare, etc.)

List any special abilities you and your family have:

<i>Ability</i>	<i>Name:</i>	<i>Name:</i>	<i>Name:</i>	<i>Name:</i>
Sports				
Musical				
Instruments				
Singing				
Drama				
Other				

Please indicate your choice of participation: (see Week 6 Options brochure)

Wilderness Trails Participants: _____

Urban Participants: _____

List any **special needs, physical handicap, allergies, or health problems** that will impact you or your family's participation in **PATH** activities:

Your PATH arrival plans:

It is very important for you to attend the orientation on Sunday April 25. Therefore, please plan to arrive on Saturday, April 24, 2010 before 5 p.m. If you anticipate any problems with this arrival time, please contact **PATH** leadership.

How do you plan to travel? _____

Best way to contact you between now and April 24, 2010 (please note address if different from above):

List Colleges, Universities, or technical schools attended:

_____	_____
_____	_____
_____	_____
_____	_____

Emergency Contact Information:

Name: _____
Relationship: _____
Address: _____
Telephone: _____

For Non-Canadians only:

Please note the name of your health insurance provider: _____	

Does your existing health insurance cover health expenses in Canada?	Yes No
Do you and all attending family members have passports?	Yes No
List the full legal name of each family member for Canada Customs and Immigration:	

- I/we give my/our permission to use photographs taken of me/us while at PATH for future PATH publications.
- Yes, I/we have read all the informational **PATH** brochures.

Your place at PATH will be reserved upon receipt of the mailed registration form.

Mail the following items to: **Dan Woodard • Box 863 • Carstairs, AB • Canada • T0M 0N0**

- **completed registration form**
- **recent photo**
- **registration fee of \$100.00 per family/single (Canadian or US)**

Please make cheque (check) payable to **PATH**.

Registration must be postmarked no later than January 31, 2010.
The fee is non-refundable and will be applied to your PATH administration charges.