



PATHFINDER MISSIONS



Participants Questionnaire

1. Is your name and address as shown on the envelope correct?
Yes _____ No _____ If changed list the correction.

2. List your phone number. Home _____ Work _____
3. I feel God would want me to commit to the dates for this project and I am able to participate.
Yes _____ No _____
4. I can best help the team in: Framing _____ Mason _____ Laborer _____
5. List any other skills you have which might help the team.
a. _____
b. _____
c. _____
6. The cost of this project is \$ _____ for construction and \$ _____ for travel, food and other expenses. You must have a total of \$ _____ plus paying your way to the point of departure. If you are sure you can raise the amount needed then initial here. _____

After consulting with a physician, I know of no physical limitation that would restrict me from participation in the Pathfinder Project.

Sign your name here _____

Print your name here _____

After completing this form please mail it to:
(project coordinator address)

Return this form before _____