



MISSION TRIP QUESTIONNAIRE

Date: _____

Name: _____

Home Address: _____

Phone Number(s): _____

E-mail Address: _____

Date of Birth: _____ Marital Status: S _____ M _____

Do you have children? _____ Ages: _____

How did you learn about Scalpel At The Cross? _____

Have you visited our website, www.scalpelatthecross.org? Yes No

Would your mission trip be self-funded or sponsored? _____

What is your occupation? _____

Work History: _____

Do you have knowledge of orthopaedics? Yes No

Do you have knowledge of surgical equipment? Yes No

Are you comfortable in a surgical setting? Yes No

What talents do you feel you could bring to the team?

Encourager

Leadership Skills

Organizer/Coordinator

Prayer Support /Witness

Creative/Artistic

Compassionate

Computer/Data Entry

Construction/Maintenance

Other Talents: _____

What is your Spanish proficiency? _____

(0=none, 10=perfectly fluent in reading, writing & speaking)

Could you be an interpreter? Yes No

Have you been on a mission trip in the past? Yes No

Where? _____ **For how long?** _____

Any particular organization and if so, which one? _____

Tell us about your experience: _____

Do you have any special dietary needs? Yes No

Do you have any special health considerations for your travel? Yes No

If so explain: _____
