

ON TRACK
PRELIMINARY INFORMATION FORM



Last Name: _____ First Name: _____ M: _____

DOB: _____ Spouse: _____ Spouse DOB: _____

Address: _____

Phone: _____ Work Phone: _____

E-mail: _____ E-mail 2: _____

Do you have children? Yes No (Circle One)

If yes, list their names and birthdays.

1. _____
2. _____
3. _____
4. _____
5. _____

Will any of your children be traveling with you? Yes No (Circle One)

Will your spouse be traveling with you? Yes No (Circle One)

What areas of the world are you interested in serving in? Please list in order of preference.

How long do you want to serve in this area? (Must be one month to one year, at least seven weeks for medical electives.)

What is your current occupation? Your spouse? (Only if spouse will need a placement)

When would you like to begin and end your short-term trip? Please give approximate dates.

From: _____ To: _____

Most On Trackers have to raise support to fund their short-term trip. Are you willing to raise support, if needed? Yes No (Circle One)

Would you like to be added to our general mailing list? Yes No (Circle One)