**Christian Adventure Ministry**

**Visitor's Personal History Form**

**Please fill, save, and return to the following CLIDE staff:**

**Dr. Valery Lomilo:** **africavet@yahoo.com**

Name: Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

Email address: Click here to enter text.

Proposed dates of ministry: Click here to enter a date. to Click here to enter a date.

Type of ministry you would like to participate in: Click here to enter text.

If you are with a group, who is the Group Leader and contact person of your short term group: Click here to enter text.

Date of Birth: Click here to enter a date. Sex: Choose an item.

Tribe/Race: Click here to enter text. Language(s) spoken: Click here to enter text.

Marital Status: Click here to enter text.

Name of Spouse: Click here to enter text.

Names and ages of children: Click here to enter text.

Education/Experience: Click here to enter text.

Ministry skills: Click here to enter text.

Passport number: Click here to enter text. Country: Click here to enter text.

Expiration date:Click here to enter text.

Are you a Christian? Click here to enter text.

When and how did you become a Christian? Click here to enter text.

Name of your church: Click here to enter text.

Denomination: Click here to enter text.

Location: Click here to enter text.

Pastor’s name: Click here to enter text. Phone: Click here to enter text.

Medical history or current health issues that we should be aware of in case of emergency:

Click here to enter text.

Food restrictions: Click here to enter text.

Blood type: Click here to enter text.

Medical insurance name and policy number: Click here to enter text.

International evacuation insurance company and policy number: Click here to enter text.

**Emergency Contact Persons**

**Name:** Click here to enter text.

**Relationship:** Click here to enter text.

**Phone:** Click here to enter text.

**Address:** Click here to enter text.

**Email Address:** Click here to enter text.

**Name:** Click here to enter text.

**Relationship:** Click here to enter text.

**Phone:** Click here to enter text.

**Address:** Click here to enter text.

**Email Address:** Click here to enter text.