



Do you have any special skills that would be helpful to a medical or service mission team? Yes No  
If yes, please describe:

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Describe your state of physical fitness (including limitations, handicaps, allergies, etc) \_\_\_\_\_

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List medications you are presently taking and for what conditions: \_\_\_\_\_

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Do you have any special dietary requirements? Yes No If Yes, please describe: \_\_\_\_\_

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Is there anything else you'd like us to know about you regarding your being a part of a mission team? \_\_\_\_\_

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Do you anticipate needing financial assistance for the cost of being a member of a mission team? Yes No If yes, how much would you like us to consider helping you with? \_\_\_\_\_

Please submit this form, a copy of the inside page of your passport and if you are a medical professional, a copy of your current medical, dental or nursing license before October 1, 2019 by email to [mausperk@gmail.com](mailto:mausperk@gmail.com), by fax to 1-866-839-5694 or by mail to

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