



BLF • PO Box 629 • Wheaton, IL 60187
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Name (Mr./Mrs./Ms.) _____

(Exactly as appears on passport, include middle name!)

Name you prefer to be called by: _____

Address _____

City _____

ST/Prov. _____ ZIP/Postal Code _____

Country _____ Date of Birth _____

Phone-home () _____

Phone-cell () _____

Phone-work () _____

Email: _____

Occupation _____

Marital status: S M D W

Church name _____

Address _____

City _____

ST/Prov. _____ ZIP/Postal Code _____

Pastor's name _____

Church's phone () _____

Church's email _____

Denomination _____

In case of emergency contact:

Name _____

City/State _____

Phone-home () _____

Phone-work () _____

Phone-cell () _____

Alternate contact _____

City/State _____

Phone-home () _____

Phone-work () _____

Phone-cell () _____

IT APPLICATION

I would like to join a BLF Impressions Team.

Team Leader's name _____

Date of Trip _____

The following information is to help make your Impressions Team experience more enjoyable and productive, and reduce any unpleasant "surprises".

Have you been on a previous Impressions Team?
 Y or N If yes, when? _____

Do you speak another language? _____

If yes, how proficiently? _____

Although some of your tasks on this trip may be manual labor, we attempt to match personal skills with jobs to be done. Please list your gifts, hobbies or skills, as these may be helpful to us.

Do you have any physical restrictions (height, weight), special diets or allergies (food, environmental or chemical) that we need to plan for? If yes, please list them. _____

Extending your time in Europe is your personal responsibility, keeping in mind that once tickets are purchased, they are often nonrefundable. Also, the tax-deductible portion of the trip decreases if more than 5 days are added.

I understand that travel, health and accident insurance are my responsibility while I am on this trip. I recognize there is some risk when using machinery and that I must exercise caution when working in the shop. I release Bibles & Literature in French from all liability resulting from my participation on this Impressions Team. I also release all rights to photos of me taken during the trip, or photos I send to BLF for their use.

Signature _____

Date _____

Parent Signature _____
 (if applicant is under 18 years of age)

Parent Name Printed _____