



# CAMPERS ON MISSION ENROLLMENT FORM

050158

Name (Last)	First	MI	Preferred Name	Birthdate (Self)
Spouse Name			Preferred Name	Birthdate (Spouse)
Street Address		City	State	ZIP/Postal Code
Telephone (home)	Cell Phone	E-mail Address		
Have you participated in a mission project? <input type="checkbox"/> Yes <input type="checkbox"/> No		Project assigned through: <input type="checkbox"/> NRMB Association		
If yes, date of last mission project _____		St _____ Convention		
If full-time COM, what state chapter- _____		ate _____		

## CHURCH MEMBERSHIP

Church Name \_\_\_\_\_ Name of Pastor \_\_\_\_\_

Street Address \_\_\_\_\_ Name of Association \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP (9 digits) \_\_\_\_\_ Church Denominational Affiliation: \_\_\_\_\_

Telephone ( \_\_\_\_\_ E-mail \_\_\_\_\_  SBC  other (specify) \_\_\_\_\_

## INTERESTS/TALENTS/GIFTS

CHECK ALL THAT APPLY

LIST AREAS OF SPECIAL TRAINING AND/OR LICENSE:

- | SELF                     | SPOUSE                   |                               |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Campground Ministries         |
| <input type="checkbox"/> | <input type="checkbox"/> | Church Planting               |
| <input type="checkbox"/> | <input type="checkbox"/> | Construction/Maintenance      |
| <input type="checkbox"/> | <input type="checkbox"/> | Disaster Relief and Recovery  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fairs/Festival/Special Events |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Surveys/Revivals    |
| <input type="checkbox"/> | <input type="checkbox"/> | Sharing Personal Testimony    |
| <input type="checkbox"/> | <input type="checkbox"/> | State Convention Booths       |
| <input type="checkbox"/> | <input type="checkbox"/> | YBS/Bible Studies, etc.       |
| <input type="checkbox"/> | <input type="checkbox"/> | Clowning/Balloon Sculpturing  |
| <input type="checkbox"/> | <input type="checkbox"/> | Raceway Ministry              |
| <input type="checkbox"/> | <input type="checkbox"/> | Seaman's Ministry             |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical/Dental                |

Name	DATE FORM COMPLETED _____
Street Address	
City State/Province ZIP	
Telephone E-mail	

Return form to:  
Campers On Mission, One Mission Way, Scott Depot, WV 25560 1-800-411-5758

