

2025 Kenya Mission Trip

Applicant Profile

(Please Print)

Full Name as Written on F	Passport			
Mailing Address				
City	State	Zip	E-Mail	
Passport Number:		Expi	ration Date:	Date of Birth:
If you are not a US citizer	n, do you hold	d a current	US green card: \	Yes 🗌 No 🗌
Mobile Number: ()			
Place of Work:		(Current Position:	
_		-		J ☐ Community/Public Health
If other, please describe:				
Previous Mission Experier	ice, Countries	s, and Roles	:	
I speak the following lang	guage(s)			I am fluent: Yes 🗌 No 🗌
Which trip are you applyi	ng for?			
February 14-25	Community	Health and	Surgery Trip (ap	oplication deadline is October 15)
☐ I would like to particip				Mara. The price is \$1,300 for a

Please submit your application to David.kennedy1@adventhealth.com. Your application will be reviewed by the AdventHealth Global Missions Board when all applications have been received. While we try to accommodate all volunteers, open positions are limited. You will be notified whether your application has been accepted as soon as the team has been finalized.