



Christian Medical Ministry to Cambodia
1685 So. Colorado Blvd., unit S, Box 313
Denver, Colorado 80222-4035

Christian Medical Ministry to Cambodia General Application

General Information

Name (as it appears on Passport) _____

Passport Number _____ Expiration Date _____

Name of Spouse _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Birth Date _____ Sex _____ Marital Status _____

Church Membership _____ Length of Membership _____

In case of emergency, please provide a contact:

Name _____ Relationship _____

Address _____ Phone _____

Education Information

Name of High School _____

Undergraduate School _____ Degree _____

Graduate School _____ Degree _____

Medical School _____ Degree _____

Other _____

Occupational Information

Current Occupation _____ Years _____

Employer _____

Address _____ Phone _____

Positions over the last 10 years _____

Please write and attach a paragraph of how you learned about CMMCJH, why you want to go on one of our trips, and what you expect to get out of the experience.