

Renewal Fee:
\$5.00 per person

RENEWAL APPLICATION
2009



This form must be filled out in its entirety!

Please type or print clearly.

Name _____
(Last Name) (First Name) (Spouse)

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

E-Mail _____

Marital Status: Single ____ Married ____ Widowed ____

List any minor children who will be traveling with you on a regular basis.

Name _____ M/F, Birth Date _____

Name _____ M/F, Birth Date _____

Name _____ M/F, Birth Date _____

Are you willing to work under the direction of a group leader and/or construction supervisor?

Yes ____ No ____ If no, please explain. _____

Have you been convicted of or pleaded guilty to a felony in the past 24 months?

Yes ____ No ____ If yes, please explain (attach a separate page if necessary). _____

Do you agree to abide by the Policy and Guidelines of the MAPS ministry?

Yes ____ No ____ If no, please explain: _____

SIGNATURE: _____

SPOUSES SIGNATURE: _____

Please return this form and renewal fee to:
U.S. MAPS
1445 Boonville Ave.
Springfield, MO 65802