**GETTING TO KNOW YOU!**

Please complete the form below so that we can learn a little more about you before your travel with Ocia Organisation.

Name \*

First Name

Last Name

Phone

####

####

####

Email Address \*

Date of Birth \*

MM

DD

YY

Address \*

Country

Zip/Postal

State/Province

City

Address 2

Address 1

Getting to Know You

Previous Missions Experience

If you have been on a mission trip before, please describe your previous experience.

What are your gifts, talents and passions? \*

Share any concerns you may have about your trip. \*

What do you hope to gain from this trip with Ocia Organisation? \*

Please inform us of any dietary needs or medical restrictions. \*

How would you describe your current relationship with God? \*

Facebook Page Link (if available)

Instagram Page Link (if available)

Twitter Page Link (if available)