

TEAM MEMBER APPLICATION

PERSONAL INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Mailing Address (if different): _____
City _____ State: _____ Zip: _____
Telephone (home/school): _____
(Work): _____ (Cell): _____
E-MAIL _____
Date of birth: Month: _____ Day: _____ Year: _____
Marital Status:: _____
If Married, Spouse's name: _____
Gender: M/F
If not a member of Long Hollow Baptist, please provide the following:
Present church membership: _____
Pastor's name: _____

DOWNLOAD OR
ATTACH
PHOTO

*OPTIONAL

TRAVEL INFORMATION

Name as it appears on driver's license: _____
Driver's license number: _____
Do you have a passport: Yes/No/Applying
Exact name as appears on passport: _____
Passport Number: _____ EXP. Date: _____
Date of Passport Issue: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____
Phone: _____ Relationship to you: _____
Insurance Beneficiary: _____
Relationship to you: _____

HEALTH INFORMATION (OPTIONAL)

Health Insurance Company: _____
Name of Policyholder: _____
Your relationship to Policyholder: _____
ID Number: _____ Group Number: _____

Primary Care Physician: _____
Physician's Phone: _____

Identify any health considerations that might impact your participation in a missions setting or any physical needs that require special assistance:

List medications and dosages you are currently taking:

MEDICATIONS:

DOSAGE:

List all known allergies: _____

PARTICIPANT'S COVENANT

I hereby pledge to give priority to spiritual preparation for my Mission Team assignments, to read all orientation materials, attend all required training sessions, and seek the heart of a servant.

I further promise to be flexible in all situations, particularly those out of my comfort zone and will do everything I can, as God gives me the strength, to be pleasing to Him.

I UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE A 10% NON-REFUNDABLE DEPOSIT WITH THE SUBMISSION OF THIS APPLICATION. I FURTHER ACKNOWLEDGE THAT SHOULD I CANCEL, ALL MONIES, WITH THE EXCEPTION OF 10% DEPOSIT AND AMOUNT OF PLANE TICKET PURCHASED IN MY NAME, WILL BE REFUNDED.

I ACKNOWLEDGE THE INFORMATION I PROVIDED IN THIS APPLICATION IS NOT CONFIDENTIAL AND CAN BE ACCESSED BY A VARIETY OF PEOPLE RELATED TO CHURCH ACTIVITIES.

PARTICIPANT'S SIGNATURE

_____ DATE _____

PARENT/GUARDIAN SIGNATURE (IF PARTICIPANT IS A MINOR)

_____ DATE _____