Middle Tennessee Mission Outreach

Spring 2018 Trip Team Member Information Form

Personal Information				
Name:				
Address:				
	State: Zip:			
Home Phone:	Cell Phone:			
Email:	_ Marital Status: Married / Single			
*Age: Birth Date:	Sex: Male / Female			
*Note that team members age 16 and unde must also be filled out if a minor under age must sign the release form for any minor.	r must travel with a legal guardian. A "Minor Travel Permission Form" e 18 travels without all of their legal guardians. All legal guardians			
Passport #:	Passport Expiration Date:			
Home Church:	Pastor Name:			
Address:				
City:	State: Zip:			
Phone: W	ebsite Address: T-Shirt Size:			
Service Interest				
I would like to serve in the fo	ollowing ministries(circle please):			
Adult Evangelism Street Ev	angelism Child Evangelism Construction			
Prayer Clothing/Shoe Distr	ibution Devotional Eyeglasses Pharmacy			
Registration Pharmacy	Visitation Water Projects GPS/Mapping			
Medical (Please attach a cur intend to work as a doctor of	rent copy of your professional license if you r nurse on this mission trip) (Page 1 of 2)			

Contact Name:	Rela	Relation to you:		
Address:				
City:	State:	Zip:		
Home Phone:	Cell Phon	Cell Phone:		
Other Emergency Phone:		Email:		
List any medications you are	currently taki	ing and their dose:		
List any food allergies; medic other special needs you feel a		s; disabilities; handicaps or any to mention:		
Health Insurance Company:_				
Oth	er Informati	ion		
List any foreign languages yo	ou speak:			
Have you accepted Jesus Chi	rist as your pe	ersonal savior?		
I certify that the information c	ontained in tl	his form is accurate:		
Team Member Signature:		Date:		
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Emergency Contact Information