

Middle Tennessee Mission Outreach

January 2020 Trip Team Member Information Form

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Marital Status: Married / Single

*Age: _____ Birth Date: _____ Sex: Male / Female

*Note that team members age 16 and under must travel with a legal guardian. A "Minor Travel Permission Form" must also be filled out if a minor under age 18 travels without all of their legal guardians. All legal guardians must sign the release form for any minor.

Passport #: _____ Passport Expiration Date: _____

Home Church: _____ Pastor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website Address: _____ T-Shirt Size:

Service Interest

I would like to serve in the following ministries(circle please):

Adult Evangelism Street Evangelism Child Evangelism Construction

Prayer Clothing/Shoe Distribution Devotional Eyeglasses Pharmacy

Registration Pharmacy Visitation Water Projects GPS/Mapping

Medical (Please attach a current copy of your professional license if you intend to work as a doctor or nurse on this mission trip)

Emergency Contact Information

Contact Name: _____ Relation to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Other Emergency Phone: _____ Email: _____

List any medications you are currently taking and their dose:

List any food allergies; medical restrictions; disabilities; handicaps or any other special needs you feel are important to mention:

Health Insurance Company: _____ Policy #: _____

Other Information

List any foreign languages you speak:

Have you accepted Jesus Christ as your personal savior?

I certify that the information contained in this form is accurate:

Team Member Signature: _____ Date: _____