

# **Middle Tennessee Mission Outreach**

## **January 2026 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 under age 18 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, nurse or dentist 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: \_\_\_\_\_