

Full Name _____

Address _____

City, State, Zip _____ email _____

Home Phone _____ Work Phone _____

Age _____ Date of Birth _____ Social Security # _____

Occupation _____ Citizenship _____

Do you have any health problems? _____ If yes, explain _____

Do you have health insurance? _____ Company _____

Do you have struggles that could effect your participation in this ministry? (check all that apply)

____ Alcohol ____ Tobacco ____ Illegal or habit-forming drugs ____ Anorexia/Bulimia

Your destination choices: _____

Do you have skills in the following areas: ____ Carpentry/Masonry ____ Children's Ministry

____ Singing ____ Puppets ____ Drama/Mime ____ Musical Instrument _____

What languages do you speak? _____ Fluent? _____

In case of emergency, contact: _____ Relationship _____

Emergency Phone Number: Home _____ Work _____

Parent/Guardian Name: _____ Phone: _____

Address _____

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature _____ Relationship _____

PASTOR'S REFERENCE

Pastor's Name _____ Church _____

Address _____ Phone _____

How long have you known the applicant? _____ How well? _____

Recommendation: ____ Fully qualified ____ Slight reservations ____ Not presently recommended

Comments _____

Pastor's signature _____ Date _____

Teams To The Nations Application

Mail to: Teams To The Nations • 4150 Bradley Road • Cleveland, Ohio 44109
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