



TEAM MEMBER APPLICATION

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone (Cell): _____

(Work): _____ (Home): _____

Email: _____

Date of Birth: Month _____ Day: _____ Year: _____

Gender: Male _____ Female _____

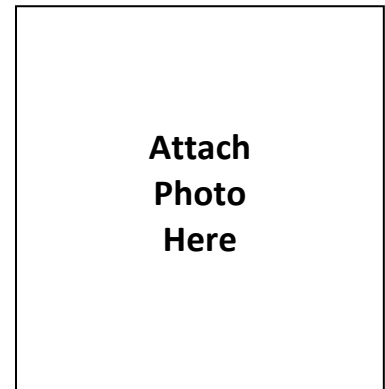
Marital Status: _____

If Married, Spouses Name: _____

If not a member of Grace Fellowship, please provide the following:

Present church membership: _____

Pastor's name: _____



TRAVEL INFORMATION

Name as it appears on driver's license: _____

Driver's License Number: _____

Do you have a passport? Yes / No / Applied

Exact name as appears on passport: _____

Passport Number: _____

Expiration Date: _____ Issue Date: _____

Place of Birth: _____ Nationality/Citizenship: _____

Occupation: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Phone: _____ Relationship to you: _____

Address: _____

Insurance Beneficiary: _____

Relationship to you: _____

Address: _____

HEALTH INFORMATION

Your Health - Excellent _____ Good _____ Fair _____ Poor _____

Health Insurance Company: _____

Name of Policyholder: _____

Your Relationship to Policyholder: _____

I.D. Number: _____ Group Number: _____

Primary Care Physician: _____

Physician Address: _____

Physician Phone: _____

Please identify any health considerations that might impact your participation in a mission setting or any physical needs that require special assistance:

Please list
Limitations _____

List all medications and dosages you are currently taking:

MEDICATIONS:

DOSAGE:

List all known allergies (Food, Drug, other):

Tetanus shot Updated? _____

Any other medical history: Diabetes, Epilepsy, Heart disease, Hypertension

Other _____

Recent surgeries (past 12

months)? _____

Have you had or been exposed to any contagious disease in the past six months? _____

If so what? _____

PARTICIPANT'S COVENANT

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

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

I agree to submit to the authority of my team leader(s) and to the missionaries/personnel on the field.

I understand that I am required to provide a 5% non-refundable deposit with the submission of this application. I further acknowledge that should I cancel, all monies, with the exception of the 5% deposit and amount of plane ticket purchased in my name, will be refunded.

I agree to meet all of the payment deadlines leading up to the time of the trip (dates and payment plan will be provided by team leader).

I acknowledge that the information I provided in this application is not confidential and can be seen by Executive Pastors.

I understand that before I am officially part of the team, I must have an interview with the Executive Pastor or Team Leader.

PARTICIPANT'S SIGNATURE

_____ DATE: _____

PARENT/GUARDIAN SIGNATURE (IF PARTICIPANT IN A MINOR)

_____ DATE: _____

Short Term Mission Trip Adult Liability Release

In signing the form, I _____, agree not to hold Grace Fellowship, its officers, employees, agents, or their executors or heirs liable for any injury, loss, damage, or accident that I might encounter on my mission trip.

I realize and acknowledge that my participation on a mission trip in a foreign country includes many risks and possible dangers. I am aware that my travel to help with a Grace Fellowship mission trip could expose me to such risks as accidents, disease, war, political unrest, injury from construction projects and other calamities.

I hereby assume any such risks that might result from my travel to _____ during the dates of _____ until _____, and I unconditionally agree to hold the church, its officers, employees, agents, or their executors and heirs blameless for any liability concerning my personal health and well-being, or any liability for my personal property that might be lost, damaged, or stolen while on a Grace Fellowship mission trip.

I give permission to Grace Fellowship or its representatives to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

I have carefully read the foregoing and understand that my signature herein holds Grace Fellowship, its officers, employees, agents, or their executor and heirs harmless for any liability, injury, damage, loss, accident, or delay in schedules.

Participant Signature:

_____ Date: _____

Background Information Form

**PLEASE NOTE: All participants, age 18 and over participating in a Grace Fellowship mission project, must submit to a background screening process.
THIS FORM MUST HAVE AN ORIGINAL SIGNATURE.**

To better serve in protecting the safety and security of all involved persons, I hereby authorize Grace Fellowship to perform a background check and receive any information pertaining to me. I fully understand any information obtained therein will be used in the determination/volunteering for a church-organized mission trip.

The background check could include, but is not limited to, a criminal history record search, the National Sexual Offender Registry, Social Security Number Trace, and Motor Vehicle Report.

I GIVE CONSENT TO GRACE FELLOWSHIP TO PERFORM THE ABOVE CHECKS AS NEEDED FOR THE DURATION OF MY VOLUNTEER SERVICE WITH THEM.

Applicant Name: (Please print legibly in ink only. No pencil)

Last: _____ First: _____ Middle: _____

Maiden Name: _____ Any other name used: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Former Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Gender: _____ Driver's License Number: _____ State: _____

APPLICANT SIGNATURE: _____ Date: _____