



Team Member Information Sheet

Complete and send to Team Coordinator:	Project: _____	No. _____
	Proj. Date: _____	Date Rec'd. _____
Date _____ M or F	Emergency Contact (while you are on the project): _____ _____	
Name _____ <small>Last First Middle</small>	List previous Work & Witness participation: _____ _____ _____ _____	
Spouse _____	List local and district church activities: _____ _____ _____ _____	
Address _____ <small>City State Zip</small>	Date of Birth _____	
Phone () _____ <small>Home</small>	Citizenship _____	
Phone () _____ <small>Work</small>	Social Security No. _____	
E-mail Address _____	Have you traveled outside of your home country before? _____ Specify _____	
Date of Birth _____	Valid Passport? _____ Expiration Date _____	
Citizenship _____	Passport No. _____	
Social Security No. _____	Local church _____	
Have you traveled outside of your home country before? _____ Specify _____	Member? _____	
Valid Passport? _____ Expiration Date _____	Pastor _____	
Passport No. _____	Church Address _____	
Education (Number of years completed) _____ High School _____ College _____	Phone _____	
Foreign Language (s) _____	Summarize your Christian testimony: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
Occupation _____	Applicant Signature: _____	
Position held _____		
Employer _____		
Physical Condition Good ___ Fair ___ Poor ___		
Specify if under doctor's care: _____ _____		

Personal Skills and Services

Please rate skills on a scale of 1 to 5 (5 being the most skilled)

Architect	1	2	3	4	5	Art-Layout-Design	1	2	3	4	5
Air Conditioning	1	2	3	4	5	Bookeeping	1	2	3	4	5
Aluminum/Vinyl Siding	1	2	3	4	5	Cleaning	1	2	3	4	5
Blocklayer	1	2	3	4	5	Cooking	1	2	3	4	5
Bricklayer	1	2	3	4	5	Dishwashing	1	2	3	4	5
Cabinetmaker	1	2	3	4	5	First Aid	1	2	3	4	5
Carpenter	1	2	3	4	5	First Aid - CPR function	1	2	3	4	5
Cement Worker	1	2	3	4	5	Journalist	1	2	3	4	5
Cement Finisher	1	2	3	4	5	Laundry	1	2	3	4	5
Computer Hardware	1	2	3	4	5	General Office Work	1	2	3	4	5
Computer Software	1	2	3	4	5	Photographer	1	2	3	4	5
Electrician	1	2	3	4	5	Sewing	1	2	3	4	5
Engineer (specify below)	1	2	3	4	5	Typing	1	2	3	4	5
Framing (including layout)	1	2	3	4	5	Other	1	2	3	4	5
Heating	1	2	3	4	5		1	2	3	4	5
Iron Worker	1	2	3	4	5		1	2	3	4	5
Mechanic	1	2	3	4	5	Personal Evangelist	1	2	3	4	5
Painter	1	2	3	4	5	Play Instrument	1	2	3	4	5
Plumber	1	2	3	4	5	Preacher	1	2	3	4	5
Roofing (specify below)	1	2	3	4	5	Singer	1	2	3	4	5
Supervisor/Leadership	1	2	3	4	5	Teacher	1	2	3	4	5
Welder	1	2	3	4	5	VBS Worker	1	2	3	4	5
Other	1	2	3	4	5	Other	1	2	3	4	5
	1	2	3	4	5		1	2	3	4	5
	1	2	3	4	5		1	2	3	4	5
	1	2	3	4	5		1	2	3	4	5

Additional details, comments or remarks: _____



Do you have a fear of heights, step ladders, scaffolding, or other fears? If so, please explain. We do not wish to place an individual in a work situation where they are uncomfortable or may be placed in inappropriate danger.

Are there any food or diet considerations we should know about you?
If you have dietary considerations because of choice, such as a vegetarian, please let us know.

Are there any foods you would like considered for the trip? This will assist in menu preparation and determining food items that may be taken along.

Please tell us of any physical conditions the team/leaders should be aware of that may affect your work. (Joint problems, limitations, exposure to sun, heat, medications, etc.)

What are some of your expectations from the trip?

How do you feel you can be used most effectively on the trip?
Remember, the focus of the trip is to help our brothers and sisters in Christ with a project.
