

Team Member Application

Please
attach
passport or
other recent
photo here

Team Name _____ Dates of Team _____



Scottsdale Bible Church
Outreach Ministries
7601 East Shea Blvd.
Scottsdale, AZ 85260-5500
Phone: 480/824-7230 • Fax: 480/707-0499

GENERAL INFORMATION

Full name _____ Nickname _____

Address _____ Phone(____) _____

City _____ State _____ Zip Code _____ E-mail address _____

Other contact phone _____ Best time to call _____

Birth date _____ Country of Birth _____ Marital Status _____ Gender: MALE or FEMALE

How did you hear about the team? _____

Passport Number _____ Expiration date _____

Place of Issuance _____

(If you don't have a passport, apply as soon as possible and update your information with team leader)

Foreign languages you speak _____ Degree of fluency _____

What cross cultural experiences have you had? _____

List countries you have traveled to outside the U.S.A. _____

SPIRITUAL INFORMATION

Describe your relationship with Jesus Christ, including how you became a believer _____

Are you a regular attendee of SBC? If so, how long? _____

Briefly describe your ministry involvement in and outside the church: _____

Briefly state why you want to go on this mission team: _____

Describe any training and/or experience you have had in evangelism or other forms of ministry _____

What other spiritual gifts, skills or talents do you have that you feel may be useful on this mission team? _____

Write three personal goals you hope to accomplish during your team experience:

1. _____

2. _____

3. _____

SPOUSAL INFORMATION (IF APPLICABLE)

(If married and traveling without your spouse to this location, please have your spouse respond to the following questions and sign below).

Are you in full agreement with your spouse's participation on this team? _____

If no, please explain/clarify your disagreement: _____

Spouse's Signature _____ Date _____

MEDICAL INFORMATION

(Information below is viewed by the team leader and necessary church staff ONLY to determine someone's ability to travel to a particular destination or in case of an emergency. Please sign below stating that the information below is accurate and held confidential).

My health is: () excellent () good () fair () poor Blood type _____

Briefly explain any health concerns we should be made aware of or may encounter while serving with this team to your designated location: _____

Medications(s) presently using _____

Describe any first aid training you may have had (in order so the team leader knows who he/she can call upon in an emergency): _____

Do you have health insurance coverage? YES or NO

Insurance company name _____ Policy# _____

Signature Release of Team Member: _____ Date: _____

EMERGENCY INFORMATION & SIGNATURE

Emergency contact name _____ Relationship to you _____

Address _____ City/State/Zip _____

Daytime Phone (____) _____ Evening/other Phone (____) _____

SHORT-TERM MISSIONS EXPERIENCE

If you have ever gone on a short-term mission team associated with Scottsdale Bible Church, please provide us the following information – when, where, and who was your team leader:

TEAM MEMBER AGREEMENT (Please initial after each statement below):

- I am aware that all positions are voluntary, without financial remuneration. Initials _____
- I understand that this is a spiritual ministry, and I will pray for our team’s effectiveness. Initials _____
- I agree to abstain from all alcoholic consumption while traveling with this team unless directly offered by our host missionary family. Initials _____
- I will not use any drugs or unapproved substances while on this team. Initials _____
- I agree to follow the regulations set forth by the team leader and Outreach Staff inasmuch as the rules are biblical and of sound judgment. Initials _____
- I agree to abide by all the guidelines set forth by Scottsdale Bible Church in the Policy Manual given/reviewed with me by the team leader. Initials _____
- I agree to attend all team training sessions prior to the team (unless I have an excused absence from the team leader). Initials _____

Signature _____

Date _____

