

LifeLine Missions International, Inc.

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...to visit the fatherless and widows in their affliction...
James 1:27

TEAM MEMBER APPLICATION

NAME:

(as it appears on passport) _____
Last First Middle

Street Address _____ Apt # _____

City _____ St _____ Zip _____ Date of Birth _____ / _____ / _____
Day Month Year

Home Phone (____) _____ Mobile Phone (____) _____ Sex _____

Work Phone (____) _____ Email Address _____ Marital Status _____

Employer/School _____ Occupation/GradeLevel _____

Employer/School Address _____
Street City St Zip

City, State & Country of Birth _____ Citizenship _____

Emergency Contact _____ Relationship _____

Home Phone (____) _____ Mobile Phone (____) _____

Work Phone (____) _____ Email Address _____

Medical Insurance Carrier _____ Policy Number _____

Medical Insurance is required. If you don't have insurance that covers you outside the United States, you need to purchase it. Check with your travel agent or online.

Physician's Name _____ Phone (____) _____

Are your immunizations current? Tetanus _____ Hepatitis A _____ Hepatitis B _____ Polio _____

List allergies to food or medicine _____

List medications you are taking _____

Explain any physical, emotional or mental conditions _____

Explain any illnesses or handicaps that limit your activity _____

If you are a returning team member please sign and date below. New applicants must complete the next page.

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading statements may result in my release from participation.

Signature _____ Date _____

First time missionaries please complete this page.

Church Affiliation _____ **Pastor's Name** _____

Describe your church involvement _____

What are your talents and gifts? _____

Describe your relationship with Jesus Christ _____

Have you ever shared with others your salvation? _____ Describe your experience briefly _____

Foreign Travel Experiences/Previous Missions Trips _____

If you need more space to answer any of these questions, you may do so on a separate sheet of paper.

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading statements may result in my release from participation.

Signature _____ Date _____

Submit this application to your team leader along with applicable fees and other required forms, or contact Karen Jones at LifeLine Missions International. If you have questions when completing this application, please contact your team leader or Karen.