



# Team Member Application

## GENERAL INFORMATION

Phone 417-866-6311  
Fax 417-866-4972  
Email logistics@compassionlink.org  
Web www.compassionlink.org  
Mail 521 West Lynn Street  
Springfield, MO 65802

Title  Name (as it appears on your passport)  Gender

Date of Birth  Marital Status  Spouse's Name

Country of Citizenship  Country of Birth

Street Address (both P.O. Box and physical addresses, if applicable)

City  State  Zip

Home Phone  Cell Phone  Home Email

Work Phone  Fax Number  Work Email

Place of Employment

Street  City  State  Zip

Church  Denomination  City  State

**Photo**  
(Click to insert photo electronically, or attach a photo in this space after printing form.)

## TRAVEL INFORMATION

Have you ever traveled out of the U.S. and/or Canada?  Yes  No

Do you have a passport?  Yes  No

Have you previously been on a medical missions trip?  Yes  No

Country \_\_\_\_\_ Place of Issue \_\_\_\_\_

If yes, when, and with whom? \_\_\_\_\_

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

How did you hear about CompassionLink?

List your closest airports, in order of preference.

1  2  3

List the team outreach(es) you would like to sign up for, in order of preference.

1  2  3

**NOTE: Funding for the outreach is your personal responsibility. Funds must be deposited with CompassionLink by the deadline date given in the mailings you will receive.**

**MEDICAL INFORMATION** (Enclose additional page if needed.)

Do you have any chronic illnesses that may adversely affect you on this trip? If so, explain.

Have you had any medical problems in the last six months? If so, explain.

**EMERGENCY CONTACTS** (Also needed for last-minute schedule changes.)

(1) Name

Relationship

Day Phone

Street Address

City

State

Zip

Evening Phone

(2) Name

Relationship

Day Phone

Street Address

City

State

Zip

Evening Phone

**EDUCATION**

Higher Education or Vocational Training School	State	Dates Attended	Major/Minor	Degree Earned or Hours Completed

Professional License No.

State of Registration

Languages Spoken (*besides English*) and Level of Proficiency**REFERENCES**

(1) Pastor

Church Phone

Personal Phone

Street Address

City

State

Zip

(2) Employer (*or colleague, if you don't have an employer*)

Work Phone

Personal Phone

Street Address

City

State

Zip

CompassionLink is an Assemblies of God World Missions ministry. I understand that I need not be a member of an Assemblies of God church. In understanding and appreciating the evangelistic/Pentecostal thrust of this ministry, I concur with these statements: "I know Christ as my personal Savior and desire to share Christ with people who receive ministry through CompassionLink. I am not opposed to the teachings of the Assemblies of God regarding divine healing and the baptism in the Holy Spirit."

Signature / Date

Click to submit by email, or print and return by mail or fax. Addresses are noted at the top of the form.