

Team Member Application

GENERAL INFORMATION

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**

Phone 417-866-6311
Fax 417-866-4711
Email logistics@compassionlink.org
Web www.compassionlink.org
Mail 521 West Lynn Street
Springfield, MO 65802

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 missions trip? Yes No

Country _____ Place of Issue _____

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."

Date: _____

Signature: _____

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