



**HealthCare Ministries – Team Member Application**

**Phone: (417) 866-6311 Fax: (417) 866-4972**

**E-mail: logistics@healthcareministries.org**

**Website: www.hopethatheals.org**

**Mail with your administrative fee and other required items to:**

**HealthCare Ministries**

**Logistics Department**

**521 W. Lynn St.**

**Springfield, MO 65802**

<b>Personal</b> (Please type or print clearly as it appears on passport)									
Mr./Mrs./Ms./Miss/Rev./Dr.									
Name				Sex	M	F			
Street, apt., etc. (both PO Box and physical address)									
City			State		Zip				
( )			( )		( )				
Home phone			Work phone			Cell phone ___ office use only, ___ add to team member list (Please check one)			
						( )			
E-mail (home)			E-mail (work)			Fax Number			
Place of employment									
Street		City		State		Zip			
Have you ever traveled outside of the US and Canada?							Yes	No	
Have you previously been on a medical missions trip?							Yes	No	
If so, when?		With whom?							
How did you hear about HealthCare Ministries?									
Do you have a passport?		Yes	No	What country?					
Where was it issued?		Expiration date		Number					
Marital status	Single	Married	Widowed	Divorced	Spouse's name				
Your birthdate		City & State of birth							
Citizenship		Country of birth							
Social Security number		Your Closest Airport							

Please attach photo here

<b>Team trip(s) you would like to sign up for (in order of preference)</b>		
1.	2.	3.
<b>Note:</b> Your funds for the trip are your personal responsibility and need to be deposited with HCM by the <b>deadline date</b> given in the mailings that you will receive.		

**Medical Information (enclose additional page if needed)**

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

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

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**Emergency contacts (also needed for last minute schedule changes)**

Name		Relationship	
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Daytime phone	( )	Evening phone	( )
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Street		City		State		Zip	
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Name		Relationship	
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Daytime phone	( )	Evening phone	( )
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Street		City		State		Zip	
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**Education**

High school, college, or vocational training	State	Completion date	Degree hours	Major / minor

Professional training	
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In addition to English, what languages do you speak?		How well do you speak them?	
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**References** Two, with name, address, and telephone numbers

Pastor:
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Employer (or colleague if you don't have an employer)
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Are you a church member?	Yes	No	Name of church	
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City		State		Denomination	
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HealthCare Ministries is the medical missions program of Assemblies of God World Missions. I understand that I need not be a member of an Assembly of God church. In understanding and appreciating the evangelistic/Pentecostal thrust of this ministry, I concur with the following: "I know Christ as my personal Savior and desire to share Christ with people who are ministered to through HealthCare Ministries. I am not opposed to the teachings of the Assemblies of God regarding divine healing and the baptism of the Holy Spirit."

Signature		Date	
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