



HealthCare Ministries – Team Member Application

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

E-mail: logistics@healthcareministries.org

Website: www.healthcareministries.org

Mail with your administrative fee and other required items to:

**HealthCare Ministries
Logistics Department
521 W. Lynn St.
Springfield, MO 65802**

Personal (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				
Your Closest Airport(s) (in order of preference)									

Please attach photo here

Team outreach(es) you would like to sign up for (in order of preference)

- | | | |
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| 1. | 2. | 3. |
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Note: Your funds for the outreach are your personal responsibility and need to be deposited with HCM *by the deadline date* 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.

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

Emergency contacts (also needed for last minute schedule changes)

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

Education

Higher Education or vocational training	State	Completion date	Degree hours	Major / minor
Professional License # and State of Registration				
In addition to English, what languages do you speak?			How well do you speak them?	

References Two, with name, address, and telephone numbers

Pastor:				
Employer (or colleague if you don't have an employer)				
Are you a church member?	Yes	No	Name of church	
City			State	Denomination

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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