

FRAZER MEMORIAL UNITED METHODIST CHURCH
NATIONAL MISSION TEAM APPLICATION FORM

(Submit signed completed forms; copy of current health insurance card and \$250 a non-refundable deposit to Frazer's Mission Department)

Date _____

1. Name on Passport _____
2. Email Address _____
Address _____
City _____ State _____ Zip _____
3. Home Phone _____ Work Phone _____ Cell _____
4. Date of Birth _____ Sex _____ Marital Status: S _____ M _____ D _____ W _____
5. *Name of current health insurance company _____
6. *Policy Number _____ Group Number _____ Date Expires _____
7. Present Occupation _____
8. If married, full name of spouse _____
9. Spouse cell number _____ Spouse work number _____
10. Spouse e-mail address _____ - _____
11. Do you have any physical limitations? Yes _____ No _____
If yes, please explain: _____
12. Are you presently taking any medication? Yes _____ No _____ (Attach extra sheet if necessary)
If yes, give reason: _____
13. Person to contact in case of emergency: _____
Phone Number _____ Cell Phone _____ Relationship _____
Address _____ Email address _____
14. Languages spoken: _____
15. Team for which you are applying: _____
16. Frequent Flyer numbers: _____
17. Church where you are a member: _____
18. Do you attend church regularly? _____
19. Have you accepted Jesus Christ as Savior? _____

(Please complete reverse side)

**FRAZER MEMORIAL UNITED METHODIST CHURCH
MISSION TEAM APPLICATION FORM**

20. Please write, in your own words, an account of your personal testimony of faith. (Attach extra sheet if necessary)

21. Please give a summary of your professional and/or technical capabilities and how you feel those would be beneficial in serving the Lord on a mission field. (Attach extra sheet if necessary)

*In case of need, I authorize Frazer Memorial United Methodist Church, its associates, this mission team leader to seek medical attention on my behalf and provide my health insurance information for payment. I further understand I am responsible for any and all medical expense while on the trip.

PLEASE NOTE: Since nationals view each team member as a missionary, it is necessary for team members to comply with missionary standards. Therefore, while in transit to or from the field and while on the field, tobacco, alcohol, and illegal drugs are not permitted.

Signature

Date

**FRAZER MEMORIAL UNITED METHODIST CHURCH
BACKGROUND INVESTIGATION CONSENT**

(All information must be provided)

In Keeping with Frazer Memorial UMC child protection policy, I _____, hereby authorize Frazer Memorial UMC and/or its agents to make an independent investigation of my background, references, character, past employment, education, driving record, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications for working with children and youth now.

I release Frazer Memorial UMC and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

I understand that a background check is only valid for four years or less.

Full Name (printed) Names Used	Maiden Name or Other
-------------------------------------------	-----------------------------

Present Street Address	How Long?
-------------------------------	------------------

City, State	Zip Code
--------------------	-----------------

Date of Birth (year must be included)

Social Security Number (complete number must be provided)

Driver's License Number	State of License
--------------------------------	-------------------------

CIRCLE ONE: Employee or Volunteer

Other than a minor traffic violation, have you ever been accused, arrested, convicted of or pled guilty / no contest to a criminal offense? Yes_____ No_____ If yes, please explain.

(Use back for additional comments)

Signature	Date
------------------	-------------

PLEASE LIST ALL HOME ADDRESSES FOR THE LAST SEVEN (7) YEARS

1. _____
2. _____
3. _____
4. _____
5. _____