

BRIGHT HOPE SCHOOL PROJECT

TEAM MEMBER APPLICATION

JOURNEY CHURCH : MAY 2011



Please submit a completed and signed Team Member Application by February 15th to any of the following:

- The Journey Church Office - 1794 Baxter Lane East, Bozeman, MT 59718
- The Information Table at weekend services
- Online @ journeyweb.net/ethiopiahope

For questions, please contact: Kate Townley / 406.579.9437 / kate@journeyweb.net

PERSONAL INFORMATION

Name (**exactly** as it appears on passport): _____

Nick Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(home) _____ (work) _____ (cell) _____

E-mail: _____

Marital Status: Single Married **DOB:** _____ Age: _____

Passport Number: _____ City & Date of Issuance: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Phone: (home) _____ (work) _____ (cell) _____

E-mail: _____

PERSONAL REFERENCES

Please list 3 people we can contact as personal references including a phone number and e-mail address.

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

BACKGROUND INFORMATION

Why do you want to go on this trip? _____

Describe your relationship with God (no pressure - please just be honest). _____

How does Matthew 25:34-40 influence your life on a day-to-day basis? _____

Describe your ministry goals and how you feel this opportunity fits with those goals. _____

Have you traveled out of the country before (for either pleasure, work or mission work)? If so, please describe some of your experiences below:



BACKGROUND INFORMATION continued...

Do you have any cross-cultural experiences or living situations? If so, please briefly describe: _____

Do you have any skills or qualities that you hope to use while on this trip? (i.e. leadership, language abilities, medical/dental training, skill sets, vocations, etc.) _____

What are some of your personal strengths? _____

What are some of your weaknesses? _____

Have you ever been placed on disciplinary probation? If yes, please explain: _____

Are you currently involved in a romantic relationship with anyone who would be traveling on this team? If so, briefly explain:

Applicant Signature: _____ Date: _____



In order to ensure the safety of all team members it is necessary to be aware of any physical ailments or disabilities from which you suffer, including allergies and any drugs you may be taking for medical purposes that might affect your safety on the trip. This information is purely for your safety and will be strictly confidential.

Should any of this information change by the start of, or during the trip, please notify leadership.

HEALTH INFORMATION

Do you suffer from any physical ailments, illnesses, allergies or disabilities?

Yes No If Yes, please specify: _____

Do you have any of the following vaccinations recommended/required for this destination?

Hepatitis A and B: Yes No Typhoid: Yes No Yellow Fever: Yes No

Meningitis: Yes No Polio: Yes No Tetanus: Yes No

Are you currently receiving any medical or surgical treatments of any kind?

Yes No If Yes, please specify: _____

Will you be taking any medicinal drugs on the trip?

Yes No If Yes, please specify: _____

Have you been given any specific medical advice to follow in emergencies?

Yes No If Yes, please specify: _____

Participant Signature: _____

Date: _____

