



## SUNSET AVENUE CHURCH OF GOD

APPLICATION TO JOIN THE MISSIONS TEAM TO: \_\_\_\_\_

### APPLICANT INFORMATION

Name:			Sex:		
Date of birth:	SSN:		Marital Status:		
Current address:					
City:			State:	Zip:	
Home Phone:	Cell Phone:	Fax:		e-mail:	
Church:		Member:	Attender:	How long?	
Current Employer:	Address:			Phone:	

### EMERGENCY CONTACT

Name of a person not residing with you:			Relationship:		
Address:				Phone:	
City:	State:			ZIP Code:	

### FAMILY INFORMATION

Spouse Name:			Phone :		
Address:		City:	State:	Zip Code:	
Childs Name:	Age:	Childs Name:	Age:		
Childs Name:	Age:	Childs Name:	Age:		

### REFERENCES

Pastor:	Address:	Phone:
Other:	Address:	Phone:

### SPIRITUAL HEALTH

Are You A Christian?	When Were You Saved:	Are You Spirit Baptized?	When?
Are You Willing To Share Your Testimony?		Have You Shared It?	

### PHYSICAL HEALTH

Do You Have a Medical Condition That A Doctor Might Need To Know During This Trip?	Describe Any Prescription Drugs on back of Form		
Blood Type:	Allergies:	Pregnant:	Hypertension:

### EQUIPPING

Please Check The Boxes That Best Describe Your Gifting:		Teaching	Preaching
Evangelism	Helps	Singing	Musical Instrument

### DOCUMENTARY AFFIDAVIT

Are You A United States Citizen?	If Not, What Is The Country of Birth?		
Passport #:	Exp. Date:	Issuing Country (if not USA)	# of Blank Pages:
Do You Have A Criminal Record?	Explain:		

If I am accepted as a member of this team, I agree to recognize the authority of the Team Leadership and to conduct myself as a servant of the most High God. I hereby acknowledge that the above answers are true. I will not hold the Asheboro Church of God (Sunset Avenue), the Pastors, Elders, the Missions Committee members, nor the Leadership of this team responsible, or liable, for any accidents, injuries, inconveniences, or death that may occur during or after this Mission Trip.

Signature of Applicant:	Date:
Approved By Missions Committee/Team Leader:	Date: