

APPLICATION FOR GLOBAL MINISTRIES WORK TEAM PROJECTS

PLEASE PRINT IN INK OR TYPE

Date ____/____/____

Name of Project Applying For: _____

Name _____

Address _____

City _____ State _____ Zip _____

Birth date ____/____/____ Phone number (____) _____

E-mail address _____

Do you have medical coverage? ____Yes ____No

Policy name and # _____

Is your policy effective outside of the USA? ____Yes ____No

Contact in case of emergency:

Name _____ Relationship _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Please check the most appropriate description of your present state of health:

____ Excellent ____ Good ____ Fair ____ Poor

Do you have any physical problems that would affect your work, or need attention while you are with the work team? ____Yes ____No

Are you currently under a physician's care for any condition/disease? ____Yes ____No

If yes, please list _____

List any medications you are taking _____

Do you have allergies? ____Yes ____No If any, types _____

Please indicate your skill levels on the list below by marking each on a scale of 1 (little/no skill) to 5 (very skilled.)

Block Laying _____	General Labor _____	Secretarial _____
Carpentry _____	Masonry _____	Sewing _____
Concrete Work _____	Nurse _____	Steel Structure _____
Cook _____	Painting _____	Tile Setting _____
Electrical _____	Plumbing _____	Welding _____
Other (list) _____		

Have you ever served on a work team before? _____ Yes _____ No

If yes, where and when? _____

Additional information you might want to share regarding your experience and general working ability:

Church Affiliation _____ Town _____

I have read the policy statement of the Work Team Committee of the Global Ministries Commission of the Evangelical Congregational Church and agree to abide by the policies stated therein.

Signed _____

EACH APPLICANT MUST ASK HIS/HER PASTOR TO FILL OUT THE ENCLOSED PASTOR'S REFERENCE FORM AND RETURN IT DIRECTLY TO THE GLOBAL MINISTRIES OFFICE.

RETURN APPLICATION, LIMITED POWER OF ATTORNEY, AND RELEASE FORM TO:

**E.C. GLOBAL MINISTRIES, 100 WEST PARK AVENUE, MYERSTOWN, PA 17067
PHONE: 1-800-866-7584**

FOR OFFICE USE ONLY

Date Received _____ Date Reviewed _____

Accepted _____ Rejected _____

Reason _____