



**UNITED CHRISTIAN MISSIONS, INC.  
and  
HEALTHY NEIGHBORS INTERNATIONAL  
TEAM MEMBER APPLICATION**



Trip Dates:

Team Leader:

**TEAM MEMBER INFORMATION**

*All information should be exactly as it appears on Passport*

Name:

Date of Birth:

Gender: M F

Mailing Address:

E-mail:

Shirt Size:

Home Phone:

Business Phone:

Cell Phone:

Married?

Name of Spouse:

Number of Children:

Ages:

U.S. Citizen?

Do you have a passport?

Passport #:

Exp. Date:

**EMERGENCY CONTACT PERSON**

Name:

Relationship:

Mailing Address:

Home Phone:

Business Phone:

Cell Phone:

**PERSONAL REFERENCE**

Name:

Relationship:

Phone Number:

E-mail:

**EMPLOYMENT REFERENCE**

Name of Employer:

Phone:

Mailing Address:

Position:

Date Employed:

Supervisor's Name:

If your employment is non-standard (self-employed, unemployed, student, retired, etc.), please explain:

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