

TEAM APPLICATION

Name of team leader:	
Telephone:	_ Email:
Church/Organization:	
Address:	
Dates you would like to come:	
Types of ministry you would like to be invo	olved in:
Will your team be bringing dramas, mimes ministry?	s, music, puppets, or other types of creative
Total number of team members:	
Couples Single men	Single women
What is the range of ages on your team?	
Are there any on your team with a special	diet? If so, what type of diet?
Are there any on your team with health iss	sues we should be aware of?
	e mountains? (This is not a requirement, but
will help us know where to plan ministry for	or you.)

I UNDERSTAND THAT THE AREA WE WILL BE WORKING IS CONSERVATIVE IN DRESS AND BEHAVIOR. I COMMIT TO MAKE SURE THAT MY TEAM COMES PREPARED TO FOLLOW THE SCHEDULE AND GUIDELINES THAT HAVE BEEN ESTABLISHED, INCLUDING DRESS STANDARDS. I ALSO UNDERSTAND THAT IF MY TEAM DAMAGES ANY PROPERTY THROUGH NEGLIGENCE OR DELIBERATE ACTION, WE WILL BE EXPECTED TO REPLACE IT OR PAY FOR IT.

Date