



## APPLICATION TO JOIN A SHORT TERM MISSION TEAM

### My Parents

#### Parent/Guardian 1

Full Name: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Marital Status: \_\_\_\_\_

#### Parent/Guardian 2

Full Name: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Be sure that your emergency contact is not one of your parents.