

Application for Good Shepherd Missions GO Teams

Complete this form and return it with a \$50.00 deposit to:

Good Shepherd Church Missions Ministry
3429 N. Monroe Ave. Loveland, CO 80538

This form is confidential and will be used only to determine suitability for the team.

PLEASE PRINT

Team/ outreach for which you are applying _____

Dates of outreach _____

Personal Information

Last Name _____ First _____ Middle _____

Birthdate ____/____/____

Address _____ City _____ Zip _____

Phone (____) _____ Email address _____

Passport #, _____

In the event of an emergency, notify:

Name _____ Relationship _____

Address _____ City _____ Zip _____

Phone (____) _____ Email address _____

Marital Status: ___Single ___Married

___ Yes ___No I am a member of Good Shepherd Church of Loveland.

If no, are you the member of a church? _____

___ Yes ___No I am currently a student.

If yes, school _____ grade _____

Do you have any medical restrictions, illnesses or other health problems that we need to make provision for?

If yes, please list. _____

Please list any known allergies _____

Are you currently taking any medications? _____ No _____ Yes

If yes, please explain. _____

Are you able to communicate effectively in a language other than English? If yes, please list.

List any skills that you have and would like to use on this trip. (For instance: medical, construction, computer, business, mechanical, teaching, relational, service.) Give further explanation if necessary.

Give the names, email addresses and/or phone numbers of at least two friends who can give an honest evaluation of your relationship with Jesus Christ.

- 1. _____
- 2. _____

