



Christian Emergency Relief Teams
 Saving Lives & Healing Hearts Since 1974



<u>FOR OFFICE USE ONLY</u>			
Applic. Fee Rec'd. \$	_____	Date	_____
Deposit Rec'd. \$	_____	Date	_____
Cash	<input type="checkbox"/>	Money Order	<input type="checkbox"/> Check # <input type="text"/>
Total Cost \$	_____	Paid in Full	<input type="checkbox"/>

Team Application

(PLEASE TYPE OR PRINT)

PO Box 763 Crossville, TN 38571 Ph. 1.931.707.9328 Fax 1.931.707.9406

I. GENERAL INFORMATION

Name _____ Ph. (H) _____
 Address _____ (AS IT APPEARS ON PASSPORT) Ph. (W) _____
 City _____ State _____ Zip _____ Cell _____
 Email Address _____
 Passport No. _____ Date Issued _____ Expiration Date _____
 Passport Issued at _____ If other than US passport please specify _____

II. MEDICAL INFORMATION

Date of Birth _____ Place of Birth _____ Sex M F
 Blood Type _____ Height _____ Hair _____ Eyes _____
 Please Specify any medical disorders or allergies _____

PERSONS TO NOTIFY IN CASE OF EMERGENCIES

1. Name _____ Ph. (H) _____ Ph. (W) _____
 Address _____ Relationship _____
 2. Name _____ Ph. (H) _____ Ph. (W) _____
 Address _____ Relationship _____

III. VOCATION, SKILLS AND TALENTS

Profession _____ Specialty _____
 Other Applicable Skills _____
 Foreign Language Skills _____
 Hobbies _____

IV. SPIRITUAL INFORMATION

Home Church _____ Pastor's Name _____

Address _____

Briefly, share how you came to know the Lord _____

We ask that every team member have at least two people pray for them while on a mission. Please list two people that you will ask to pray for you.

1. Name _____ Ph. () _____

Address _____

2. Name _____ Ph. () _____

Address _____

V. LEGAL DISCLAIMER

I hereby agree that I will not hold CERT International nor any representative thereof, legally responsible for any accident, sickness, injury, dismemberment, death or loss of property while on one of the mission teams or enroute to or from the mission field.

Signed _____ Date _____

Your US Congressman _____ Home Office Ph. () _____

VI. MISSION FIELDS I am interested in the following areas: [] China/Tibet [] Honduras [] India [] Mexico [] Nepal [] Papua New Guinea [] Peru [] Philippines [] Romania Other _____

VII. MISCELLANEOUS

Upon receipt of your completed application, **two passport size photographs** and a check in the amount of \$25.00 US to cover processing and handling, you will be contacted regarding the selection of a tentative mission date. When a date and area has been selected, you will receive a CERT Mission Briefing Manual. The manual will include information you will need to prepare for your mission...items to take, how to pack, health requirements, important facts and information about the mission and other pertinent information. **The \$25.00 application fee is non-refundable, but will be applied towards the cost of your trip.** **FOR FURTHER INFORMATION PLEASE CALL: (931)707-9328 or FAX (931) 707-9406.**

HOW DID YOU LEARN ABOUT CERT?

- Internet
- Radio
- CERT Speaker
- Friend or Family
- Other _____

