



| <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 38557 Ph. 1.931.707.9328

## 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 going on the CERT mission trip to \_\_\_\_\_

#### 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**

HOW DID YOU LEARN ABOUT CERT?

- Internet
- Radio
- CERT Speaker
- Friend or Family
- Other \_\_\_\_\_





**Christian Emergency Relief Teams**  
*Saving Lives & Healing Hearts since 1974*

**Photo / Video Release**

- I hereby grant CERT International permission to use photographs and videos taken of me during the CERT Mission trip.
- I understand that said photos and videos will be used for the purpose of glorifying our Lord Jesus Christ and for the visualizations of CERT missions.
- I exclude from this agreement any photos or videos of myself that might inadvertently reflect me in a bad posture, or shown out of context could misrepresent myself or CERT International.

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(Printed Name) (Date)

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(Signature) (Date)

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(Witness signature) (Date)



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## **Non-Liability Agreement**

By signing below, I hereby acknowledge receipt of a copy of this Non-Liability Agreement, as of the date set forth below, next to my printed name.

1. I understand that any travel I undertake, or activities in which I participate with CERT International, involve inherent risks of damage to and loss of my personal property, as well of personal injury, illness or death. I further acknowledge that I understand the nature of these risks, and voluntarily accept such risks in consideration of CERT International permitting me to travel to and from, and participate in, CERT International mission activities.
2. I have been informed, and I understand, that travel, whether on common carriers or otherwise, as well as the paid or volunteer work that I may perform in connection with CERT International operations domestically and in foreign countries, involve an elevated amount of risk of: a) loss or damage to my personal property: and, b) that I may contract disease, suffer injury or other physical, mental and emotional harm, or be killed. The countries and locations in such countries, where CERT International operations take place, are subject to a greater risk of unrest, civil strife, war, insurrection, and terrorism, as well as kidnapping and other criminal activity. Such locations are sites of natural disasters, conflict, infectious disease, and have lower standards of sanitation and significantly less public safety facilities and personal available for my protection.
3. I acknowledge and agree that no person associated with, or speaking on behalf of CERT International has minimized any risk, or disavowed or contradicted anything contained in this Non-Liability Agreement, to induce me to travel to or from, or participate in any CERT International operation. I have carefully considered these risks to my person and property and have freely and voluntarily decided to assume such risks.
4. I acknowledge and agree that in the event the team leader, in the team leader's sole discretion, determines that my personal conduct or demeanor is disruptive to the mission and work of CERT International, that the team leader has the right, and responsibility to CERT International, to remove me from the team at any time during the mission. I further acknowledge and agree that all additional costs caused by my early departure will be at my personal expense and CERT International shall be under no obligation to reimburse me therefore.
5. This Non-Liability Agreement shall be construed and interpreted in accordance with the internal laws of the State of Tennessee.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)