## WORK & WITNESS Team Member Information Sheet



Complete and send to Team Coordinator:	Project:	No.
	Proj. Date:	Date Rec'd.
Date	M or F	Emergency Contact (while you are on the project):
Spouse		
Address		List previous Work & Witness participation:
City State	Zip	
Phone ( ) Home		
Work		
E-mail Address		List local and district church activities:
Date of Birth		
Citizenship		
Social Security No.		Local church
Have you traveled outside of your home country be	efore?	Member?
Specify		Pastor
Valid Passport? Expiration Dat	e	Church Address
Passport No.		Phone
Education (Number of years completed)		Summarize your Christian testimony:
High School College		
Foreign Language (s)		
Occupation		
Position held		
Employer		
Physical Condition Good Fair	Poor	
Specify if under doctor's care:		
		Applicant Signature:

## Personal Skills and Services

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Team Member Information Sheet

## Please rate skills on a scale of 1 to 5 (5 being the most skilled)

Architect	1 2 3 4 5	Art-Layout-Design	1 2 3 4
Air Conditioning	1 2 3 4 5	Bookeeping	1 2 3 4
Aluminum/Vinyl Siding	1 2 3 4 5	Cleaning	1 2 3 4
Blocklayer	1 2 3 4 5	Cooking	1 2 3 4
Bricklayer	1 2 3 4 5	Dishwashing	1 2 3 4
Cabinetmaker	1 2 3 4 5	First Aid	1 2 3 4
Carpenter	1 2 3 4 5	First Aid - CPR function	1 2 3 4
Cement Worker	1 2 3 4 5	Journalist	1 2 3 4
Cement Finisher	1 2 3 4 5	Laundry	1 2 3 4
Computer Hardware	1 2 3 4 5	General Office Work	1 2 3 4
Computer Software	1 2 3 4 5	Photographer	1 2 3 4
Electrician	1 2 3 4 5	Sewing	1 2 3 4
Engineer (specify below)	1 2 3 4 5	Typing	1 2 3 4
Framing (including layout)	1 2 3 4 5	Other	1 2 3 4
Heating	1 2 3 4 5		1 2 3 4
Iron Worker	1 2 3 4 5		1 2 3 4
Mechanic	1 2 3 4 5	Personal Evangelist	1 2 3 4
Painter	1 2 3 4 5	Play Instrument	1 2 3 4
Plumber	1 2 3 4 5	Preacher	1 2 3 4
Roofing (specify below)	1 2 3 4 5	Singer	1 2 3 4
Supervisor/Leadership	1 2 3 4 5	Teacher	1 2 3 4
Welder	1 2 3 4 5	VBS Worker	1 2 3 4
Other	1 2 3 4 5	Other	1 2 3 4
	1 2 3 4 5		1 2 3 4
	1 2 3 4 5		1 2 3 4
	1 2 3 4 5		1 2 3 4

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## page 3 Team Member Information Sheet



Do you have a fear of heights, step ladders, scaffolding, or other fears? If so, please explain. We do not wish to place an individual in a work situation where they are uncomfortable or may be placed in inapropriate danger.

Are there any food or diet considerations we should know about you? If you have dietary considerations because of choice, such as a vegetarian, please let us know.

Are there any foods you would like considered for the trip? This will assist in menu preparation and determining food items that may be taken along.

Please tell us of any physical conditions the team/leaders should be aware of that may affect your work. (Joint problems, limitations, exposure to sun, heat, medications, etc.)

What are some of your expectations from the trip?

How do you feel you can be used most effectively on the trip? Remember, the focus of the trip is to help our brothers and sisters in Christ with a project.