



PERSONAL INFORMATION

Name (Last)	First	MI	Preferred Name	Birthdate (Self)
Spouse Name			Preferred Name	Birthdate (Spouse)
Street Address		City	State	ZIP/Postal Code
Telephone (home)	Cell Phone	E-mail Address		
Have you participated in a mission project? <input type="checkbox"/> Yes <input type="checkbox"/> No			Project assigned through: <input type="checkbox"/> NAMB <input type="checkbox"/> State Convention <input type="checkbox"/> Association <input type="checkbox"/> Church <input type="checkbox"/> Other _____	
If yes, date of last mission project _____				
If full-time COM, what state chapter: _____				

CHURCH MEMBERSHIP

Church Name _____	Name of Pastor _____
Street Address _____	Name of Association _____
City _____ State _____ ZIP (9 digits) _____	Church Denominational Affiliation: _____
Telephone () _____ E-mail _____	<input type="checkbox"/> SBC <input type="checkbox"/> Other (specify) _____

INTERESTS/TALENTS/GIFTS

CHECK ALL THAT APPLY

SELF SPOUSE

- | | | |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Campground Ministries |
| <input type="checkbox"/> | <input type="checkbox"/> | Church Planting |
| <input type="checkbox"/> | <input type="checkbox"/> | Construction/Maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> | Disaster Relief and Recovery |
| <input type="checkbox"/> | <input type="checkbox"/> | Fairs/Festival/Special Events |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Surveys/Revivals |
| <input type="checkbox"/> | <input type="checkbox"/> | Sharing Personal Testimony |
| <input type="checkbox"/> | <input type="checkbox"/> | State Convention Booths |
| <input type="checkbox"/> | <input type="checkbox"/> | YBS/Bible Studies, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Clowning/Balloon Sculpturing |
| <input type="checkbox"/> | <input type="checkbox"/> | Raceway Ministry |
| <input type="checkbox"/> | <input type="checkbox"/> | Seaman's Ministry |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical/Dental |

LIST AREAS OF SPECIAL TRAINING AND/OR LICENSE:

EMERGENCY CONTACT

Name _____
Street Address _____
City _____ State/Province _____ ZIP _____
Telephone () _____ E-mail _____

DATE FORM COMPLETED



PLEASE RETURN COMPLETED FORM TO:

Jim Carroll 10263 Timberline Drive Baton Rouge, LA 70809 E-Mail jscarroll@juno.com