



# Christian Emergency Relief Teams

Saving Lives & Healing Hearts Since 1974

## Team Application

(PLEASE TYPE OR PRINT)

PO Box 763 Crossville, TN 38557 Ph. 1.931.707.9328

### I. GENERAL INFORMATION

Name \_\_\_\_\_ Ph. (H) \_\_\_\_\_

(AS IT APPEARS ON PASSPORT)

Address \_\_\_\_\_ 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 including food \_\_\_\_\_

### III. PERSONS TO NOTIFY IN CASE OF EMERGENCIES

1. Name \_\_\_\_\_ Ph. (H) \_\_\_\_\_ Ph. (W) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_

2. Name \_\_\_\_\_ Ph. (H) \_\_\_\_\_ Ph. (W) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_

### IV. VOCATION, SKILLS AND TALENTS

Profession \_\_\_\_\_ Specialty \_\_\_\_\_

Other Applicable Skills \_\_\_\_\_

Foreign Language Skills \_\_\_\_\_

Hobbies \_\_\_\_\_

Previous Mission Trips \_\_\_\_\_

## V. 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. (     ) \_\_\_\_\_

Email Address \_\_\_\_\_

2. Name \_\_\_\_\_ Ph. (     ) \_\_\_\_\_

Email Address \_\_\_\_\_

## VI. 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. (     ) \_\_\_\_\_

VII. MISSION FIELDS: I have looked at the CERT calendar and I am interested in the CERT trip(s) to \_\_\_\_\_

## VIII. 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 \_\_\_\_\_



Web Address: [www.certinternational.org](http://www.certinternational.org)