



## TEAM MEMBER APPLICATION FORM

Team Date Requested: \_\_\_\_\_

A **\$100.00** deposit is required for each mission trip. This must be received to be considered a team member. Checks can be made out to: **LIAIM** with team member name in the memo line.

Send Application and Deposit to: **LIAIM 717 Old Trolley Rd, Suite 6, PMB #301 Summerville, SC 29485**

Name (as it appears on passport): \_\_\_\_\_(M) \_\_\_\_\_ (F)

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Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

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Email:

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Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport Number: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Circle T-Shirt Size (adult unisex size):    S    M    L    XL    XXL    XXXL    Other:

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## SKILLS/EXPERIENCE

Please indicate whether you have worked little (L), much (M), or professionally (P) in the following categories:

\_\_\_\_ Masonry (Brick/Block)

\_\_\_\_ Medical Doctor

\_\_\_\_ Concrete Finisher

\_\_\_\_ Nurse

\_\_\_\_ Carpentry (Rough/Finish)

\_\_\_\_ Dentist

\_\_\_\_ Electrical (Rough/Finish)

\_\_\_\_ Optometrist

\_\_\_\_ Plumbing (Rough/Finish)

\_\_\_\_ Musician – Instrument: \_\_\_\_\_

\_\_\_\_ Painting

\_\_\_\_ Second Language: \_\_\_\_\_

\_\_\_\_ Agriculture

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\_\_\_\_ Sewing

\_\_\_\_ Pastor

\_\_\_\_ Cooking/Baking

\_\_\_\_ VBS Leader

\_\_\_\_ Coaching (Sports)

\_\_\_\_ Counselor

\_\_\_\_ Professor/Teacher

Please list any additional applicable skills/experience:

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## HEALTH

What is your current state of health? (Excellent) \_\_\_\_\_ (Good) \_\_\_\_\_ (Poor) \_\_\_\_\_

Do you have any medical conditions or allergies that we should be aware of? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

If YES, please specify:

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Are you under a doctor's care for any condition? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

If YES, please specify:

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Medical Insurance Provider:

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Policy Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Full Address:

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Blood Type: \_\_\_\_\_

*I hereby release Love In Action International Ministries and all persons associated with this organization, either on the field or in the U.S., from any liability for health impairment or bodily injury as a result of pre-existing health conditions. I will be responsible, while on a LIAIM missions trip, for monitoring and managing all aspects of any pre-existing condition.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## IN CASE OF EMERGENCY

Emergency Contact Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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Full Address:

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Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

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## MISSION STATEMENT

*LIAIM is a non-profit, non-denominational, short-term missions ministry. Our goal is to establish and maintain orphanages in Latin America. We will accomplish this by training and mobilizing teams to go and serve alongside the national people.*

# STATEMENT OF VOLUNTEER RELEASE

*I hereby state that I am volunteering to perform duties for Love In Action International Ministries without expectation that I will be paid any wages or salary or any other type of compensation for my work, and that it is my informed and deliberate intention to be such a volunteer.*

*I also understand that from time to time I may receive gratitude in the form of cash reimbursements, transportation or room and board at the sole discretion of the above organization. I claim no right to these gifts and do not consider them as payments in exchange for my work. I am serving as a volunteer and not as an employee.*

*In addition, I hereby assume full responsibility for paying all my expenses such as room and board, transportation, and other incidental expenses.*

*As a volunteer, I realize that I have no legal claims for minimum wages, overtime premiums, medical insurance, workers' compensation, unemployment compensation, or other provisions of law for "employees." Rather, it is my desire to gratuitously help Love In Action International Ministries accomplish its God-given purpose. I also realize that if I am injured while working as a volunteer for Love In Action International Ministries, I am responsible to report the injury to my team leader immediately.*

*I hereby release, all claims arising from my activity as a volunteer, known or unknown, which I may now or hereafter have against LIAIM, and I further declare that all of the contents of this statement shall be binding upon my heirs, successors, personal representatives and assigns.*

**Signature:** \_\_\_\_\_ **Date:**  
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