



Organization of Christian Ministries

P.O. Box 1663 Indian Trail, NC 28079 704.289.8950

Mission Team Member Profile

Personal Information

Name:		Date:	
Street Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passport #:	Issue Date:	Expiration Date:	
If you don't have a passport, do you have a birth certificate with a raised seal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
If married, spouse's name:			

Emergency Contact

Name:		Relationship:	
Street Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	

Personal Background

Please list any foreign language training and your level of proficiency.

Please indicate any special skills, talents, or Christian service experience that you feel may be helpful.

Have you taken the Wagner-Modified Houts Questionnaire to help determine your spiritual gifts? Yes No

If yes and if you're comfortable sharing this information, what are your 3 primary spiritual gifts?

#1	#2	#3
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Please list any previous mission experience.

Country	Mission Organization	Dates	Ministry

Health

How would you describe your current health? Excellent Good Average Below Average

Are you presently under **non-routine** care of a physician? Yes No If yes, please explain.

Please list any physical limitations that would restrict certain activities.

Please list any prescription medications you are taking.

Please list any allergies you have.

Do you have any special health needs in the following areas? If yes, please elaborate.

Dietary

Sleeping (indicate preference): Bed Hammock

Other:

If known, please list date of most recent immunization.

Yellow Fever:	Poliomyelitis:	Measles/Mumps/Rubella:
Hepatitis A:	Tetanus:	Typhoid:
Hepatitis B:	Diphtheria:	

Physician's Name:

Office Phone: ()

Emergency Medical Permission

This is only for emergency situations should the mission team member be incapable of making rational decisions or be a minor whose parents cannot be immediately reached. In any situation, every effort will be made immediately to reach the emergency contact person listed on Page 1 of this form.

(Mission Team Leader)

In the event that an emergency arises, I give _____ permission to authorize anesthesia, surgery, and/or procedures deemed absolutely necessary at the time.

Name of Mission Team Member (please print)	Signature of Mission Team Member
Signature of Parent/Legal Guardian (if applicable)	Relationship

Personal Belief

Do you believe that Jesus Christ is the Messiah, the Son of God, manifested in the flesh on earth, and that he was crucified for our sins on the cross, was raised from the dead by God, and ascended back to Heaven until He returns?

Yes No Not Sure

Mission Purpose

Has God given you a specific purpose for this mission trip? Yes No If yes, please share.

(Use back of form if needed.)

Please explain briefly what you hope to see the Lord do in and through you on this mission trip.

(Use back of form if needed.)

Financial

How do you plan to finance your mission trip?

Personal Funds Family Support Friends' Support Not Sure

Expectations/Responsibilities

- Mission Team Members are expected to submit to the authority of the Mission Team Leader/Host Pastor.
- Due to the political instability in various countries around the world, Mission Team Members are expected to refrain from expressing their political opinions while in the field.
- If at any time while in the field a Mission Team Member's behavior constitutes a problem, the Mission Team Leader has the authority to ask the Mission Team Member to return home. Any additional cost incurred as a result of this action will be at that Mission Team Member's expense.
- Mission Team Members acknowledge and assume responsibility for any inherent dangers/risks associated with travel to and all activity within foreign countries.

I have read and understand the Risk Statement.

Mission Team Member Signature:

Date:

*Parents of Mission Team Members under 18 years of age are required to submit a written letter, signed by **both**, indicating their consent for the youth to participate in this mission trip. In the case of divorce, separate signed letters are required from **each** parent. The letter(s) must accompany this form.*

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Risk Statement

This Risk Statement is to advise participants of the potential risks involved in living and working in third world nations so they can realize and take full responsibility for the consequences of those risks. We ask that you gather as much information as you feel necessary and, when you are completely satisfied and confident that this is what God wants you to do, sign the Mission Team Member Profile Form. We consider it a real privilege to assist you in your desire to participate in reaching lost souls with the Gospel of our Lord Jesus Christ.

Risk Statement

Living and working in a third world developing nation carries with it certain risks not found or associated with work in industrialized nations such as the USA and Canada. These risks can include hazards to both your person and property through cross-cultural offenses, accident, disease, criminal or terrorist acts, weather conditions, or inadequate medical services and supplies. There can be added emotional and physical stress due to culture shock and long hours.

We realize that it is not possible for us to predict or fully prepare you for every circumstance you will face. However, it is our goal to advise all members of the assumed risks associated with mission work in a foreign country and our policy through this Risk Statement. In addition, we encourage you to prepare yourself for service through a number of ways:

- Prepare yourself spiritually, physically, and mentally for service.
- Read all you can on the potential country of service.
- Contact missionaries serving in the country.
- Contact your government office, such as the U.S. State Department, to obtain the most up-to-date information on the area.
- Take any additional steps you feel are necessary.

Leadership may, in fellowship with you, give direction in areas of need and availability of programs, but the final decision on service or participation in a program rests with you. Should you feel at any time that your area of service is no longer appropriate, you have full right to end your service and return to your passport country.

Special Note: In view of the fact that many insurgent, guerrilla, and criminal groups commit crimes of kidnapping or other forms of criminal extortion as a means for demanding the payment of ransom, it is important that you understand our policy in this area. We are deeply concerned for the well-being of each of our members and will pray and labor diligently for the release of any member taken hostage. However, it is the policy that we oppose the payment of ransom in any form, cash, commodities, or services. Therefore, members should not assume that ransom will be paid for their release.

Organization of Christian Ministries

Missions Support Pledge Card

I would like to support Organization of Christian Ministries by making a:

Prayer Pledge Specific Missions Team Member _____
 Specific Missions Trip _____

Financial Pledge Specific Missions Team Member _____
 Specific Missions Trip _____
 General Missions Fund _____
 Ocm Dream Home _____
 Kaptembwo Feeding Ministry _____

1-Time Donation of \$ _____

Ongoing Monthly Donation of \$ _____ for _____ months

Signature : _____

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Signature: _____ Date: _____