



Global Assist Network Volunteer Construction Team Application Form

Name: _____

Construction Specialty: _____

Home Address: _____

Home Phone: _____

Home Fax: _____

E-Mail Address: _____

Are you currently employed in construction? Yes No

If yes, where? _____

Work Address: _____

Work Telephone: _____ Work Fax: _____

Are you licensed?: Yes No If yes, in what areas?: _____

Has your license ever been revoked? Yes No If yes, please explain: _____

Previous Construction Mission experience: Yes No If yes, where? _____

Are you willing to work under the authority of a Team Leader? Yes No

Could you lead a team? Yes No

Personal health-related concerns; allergies and or food restrictions: _____

What interests you about missions construction team involvement? _____

Country/countries of interest for team involvement: _____

Number of weeks available: _____ Number of trips each year: _____

Available to serve: anytime during year during summer only

Could you gather supplies and resources for the construction mission trip? Yes No

Please tell us anything else about yourself that would enable us to make the best decision when making up a construction team (Use separate sheet if necessary). _____

Please furnish two references (one professional and one pastor) name & phone _____

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____/_____/_____