



Global Assist Network Volunteer Education Team Application Form

Name: _____

Teaching Specialty: _____

Home Address: _____

Home Phone: _____

E-Mail Address: _____

Are you currently teaching? Yes No

If yes, where/what? _____

Work Address: _____

Supervisor's Name: _____ Work Telephone: _____

Current State of Teaching Certification: _____

Has your certification ever been revoked?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

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

Are you willing to work under the authority of a team leader? Yes No

Are you qualified to lead a team? Explain. _____

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

What interests you about team missions? (Use separate sheet if necessary) _____

Country/countries of interest for education team involvement: _____

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

Available to serve: during school year during summer only

Could you provide supplies and/or funds for an educational mission trip? Yes No

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

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