ASSEMBLIES OF GOD world missions

TEAM MEMBER SIGNATURE FORM

AGWM Personnel and Member Care

Team members that hold a volunteer card do not need to complete this form.

TEAM MEMBER CONTACT INFORMATION

Full Legal Name _____ Trip ID # _____

Mailing Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Date of Birth _____ Phone (include area code) _____ Email Address _____

Have you been on a missions trip since October 2009? ◯ Yes ◯ No ◯ Not sure

EMERGENCY CONTACT INFORMATION *(Must be someone NOT going on trip.)*

Name of Emergency Contact Person _____ Relationship to Team Member _____

Home Phone (include area code) _____ Cell Phone (include area code) _____ Work Phone (include area code) _____

Team members under the age of 18 do not need to complete the sections below.

GTL INSURANCE BENEFICIARY DESIGNATION

Benefits payable for loss of life are payable to the first surviving classes of the covered person: spouse; children; parent; siblings; or estate, unless otherwise indicated below.

Policy Number: 24N-018-001-Q

Beneficiary Information

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Relationship to Insured _____ If you are 65 or older, do you receive Medicare? ◯ Yes ◯ No

SIGNATURE

By signing my name below, I hereby state that I have read and agree to the terms and conditions of the Assumption of Risk, Code of Conduct, and the above GTL Insurance Beneficiary Designation.

Signature Field _____ Date _____