

Servin' the Gulf Coast 2010!

Application

Application Guidelines:

1. To begin process, contact your team leader: See www.LCCReach.com for info to indicate interest in the traveling to the Gulf Coast.
2. **Complete this application as soon as possible**, but no later than a month before the registration cut-off for any trip. If done via email, return to Mark Howard at mhoward@lowcountrycc.org or you can send it to the church office at 801 Buckwalter Parkway Bluffton, SC 29910 (Attention: Missions).
3. Since space is limited on this trip, the earlier you submit your application and deposit, the better chance you will have to make the team. Submission of an application is the first step of an approval process and does not guarantee a position on the team. First come, first go!
4. **DO NOT** solicit any funds for this trip without approval from LCC Mission Team.
5. Candidates will need to provide a **\$50.00 nonrefundable deposit** with the application. This secures an available spot on the team and will be refunded if trip is canceled for any reason.

Instructions:

1. Please type or print clearly. Use one application per person.
2. Return this form to the LCC office or Trip leader as early as possible and before registration cut-off date. Limited space means priority goes to early registrants.

Date of Application _____

Full legal Name: _____ Nickname: _____

DOB ____/____/____ ___ Male ___ Female

Address: _____

Email: _____

Phone numbers (Home) _____ (Work) _____ (Cell) _____

Occupation: _____

Building Skills: _____

Can you provide transportation? If yes, what?

Have you taken First Aid training? ___yes ___no Type: _____

Health:

1. How is your overall health? (circle one) Poor Fair Good Excellent

2. List any major health issues in the last 5 years: _____

3. Do you take medication regularly? ___yes ___no If yes, please explain: _____

4. Do you have any allergies? ___yes ___no If yes, please explain: _____

5. Do you have any physical limitations or disabilities? ___yes ___no _____ If yes, please explain:

6. Your blood type: _____

7. Do you have medical insurance: ___yes ___no

Name of insurance: _____ Policy: _____

8. Primary care Doctor: _____ Phone: _____

9. In case of emergency, who would you like us to contact?

Name: _____ Phone: _____

Address: _____

Relationship to you: _____

Commitment:

* I will fulfill any pre-trip requirements such as registration/finance deadlines and meetings ___yes ___no

* I will represent Jesus and LCC in word, action, and attitude to the best of my ability? ___yes ___no

* I will cheerfully follow the instruction and direction of Team Leaders and Samaritan's Purse even if their ways of doing things are different than mine. ___yes ___no

* I will be willing to work hard, laugh a lot, defer to others, and personally resolve conflict among team members. ___yes ___no

Signature: _____ Date _____

