

# T.E.A.M. Member Application

Please print clearly

Member Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Please list any special skills or experience (examples: bricklaying, sewing, roofing, carpentry)

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## For T.E.A.M. participants under the age of 18

Parent/Guardian Name \_\_\_\_\_

Phone number for parent/guardian in case of emergency \_\_\_\_\_

## T.E.A.M. Member waiver for participants under the age of 18

As the parent/guardian of the participant in the CHI Team Program, I grant permission for him/her to participate fully in the program. In case of accident, injury or illness, I expect that I will be notified, and authorize any necessary medical treatment.

I release Children's Haven International Inc. and all other participating organizations, sponsors and individuals from responsibility in case of accident, injury or illness.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

# Personal Conduct Policy

We communicate to the children we care for in many ways. One of the most visible ways is our behavior around the children. For this reason we have a Personal Conduct Policy to ensure that the behavior of all staff and teams who help at the Haven is consistent with Biblical Standards.

We ask every team member to sign this policy. Please make a copy of it for yourself.

## Personal Conduct Policy

As a member of a mission team, I will maintain the highest standards of integrity, honesty and morality. I will help our group maintain a Godly atmosphere at all times. I will encourage fellow T.E.A.M. members in word and deed to be the men and women God intends us to be.

I will always keep in mind that our main goal and my purpose for being part of this team is to spread the Good News of Jesus Christ. All other considerations are secondary. First and foremost we are followers of Jesus.

As a team member, I agree to submit to the authority given to the team leader and to work within the rules and standards set by Children's Haven International. I have read and will abide by the standards set forth in the T.E.A.M. Member Application.

T.E.A.M. member signature \_\_\_\_\_ Date \_\_\_\_\_

# T.E.A.M. Medical History

Please print clearly

Your name \_\_\_\_\_

Person to notify in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Coverage \_\_\_\_\_

Phone \_\_\_\_\_ Policy No. \_\_\_\_\_

List allergies to medicines \_\_\_\_\_

List allergies to other things (e.g. bee stings) \_\_\_\_\_

List food allergies if any \_\_\_\_\_

List prescription medications you are taking and explain the purpose.

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List medical conditions that may affect your participation in the team: -----

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List diseases or personal conditions that may affect living in a close dorm situation for a week:

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Signature \_\_\_\_\_ Date \_\_\_\_\_