



ALABAMA CAMPERS ON MISSION MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Name	First	MI	Preferred Name	Birthdate (Self)
Spouse Name			Preferred Name	Birthdate (Spouse)
Street Address		City	State	Zip/Postal Code
Telephone (home)	Cell Phone _____ Cell Phone _____	E-mail Address: _____ Email Address: _____		

Have you participated in a mission project? Yes No Date of Last Mission Project: _____

If full-time COM, what state chapter: _____

Project assigned through: NAMB
 State Convention Association
 Church Other _____

CHURCH MEMBERSHIP

Church Name _____ Name of Pastor _____

Street Address _____ Name of Association _____

City _____ State _____ Zip _____ Church Denominational Affiliation: _____

Telephone (____) _____ E-mail _____ SBC Others (specify) _____

INTEREST/TALENTS/GIFTS

CHECK ALL THAT APPLY

LIST AREAS OF SPECIAL TRAINING AND/OR LICENSE:

- | SELF | SPOUSE | |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Campground Ministries |
| <input type="checkbox"/> | <input type="checkbox"/> | Church Planting |
| <input type="checkbox"/> | <input type="checkbox"/> | Construction/Maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> | Disaster Relief and Recovery |
| <input type="checkbox"/> | <input type="checkbox"/> | Fairs/Festival/Special Events |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Surveys/Revivals |
| <input type="checkbox"/> | <input type="checkbox"/> | Sharing Personal Testimony |
| <input type="checkbox"/> | <input type="checkbox"/> | State Convention Booths |
| <input type="checkbox"/> | <input type="checkbox"/> | VBS/Bible Studies, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Clowning/Balloon Sculpturing |
| <input type="checkbox"/> | <input type="checkbox"/> | Raceway Ministry |
| <input type="checkbox"/> | <input type="checkbox"/> | Seamans Ministry |

EMERGENCY CONTACT

Name _____

Street _____

City _____ State/Province _____ Zip _____

Telephone (____) _____ E-mail _____

DATE FORM COMPLETED



BACKGROUND CHECK MUST BE SUBMITTED AND VERIFIED PRIOR TO ATTENDING ANY PROJECTS. Return form to: Barbara Sessions 16984 Hwy 69 Sweet Water, AL36782. For instructions on submitting backgroundcheck, follow instructions at www.alabamacom.com or call Barbara Sessions – 334-654-1648