



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

<p>CHECK ALL THAT APPLY</p> <table style="width: 100%;"> <tr> <td style="width: 15%;">SELF</td> <td style="width: 15%;">SPOUSE</td> <td></td> </tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Campground Ministries</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Church Planting</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Construction/Maintenance</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Disaster Relief and Recovery</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Fairs/Festival/Special Events</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Community Surveys/Revivals</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Sharing Personal Testimony</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>State Convention Booths</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>VBS/Bible Studies, etc.</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Clowning/Balloon Sculpturing</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Raceway Ministry</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Seamans Ministry</td></tr> </table>	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	<p>LIST AREAS OF SPECIAL TRAINING AND/OR LICENSE:</p>
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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.
 Link to New Background Application! <https://ministryopportunities.org/alcom>