

MISSION TEAM ROSTER

Name of Church:	Team Total #:	# Males:	# Females:
Church Address:	City:	State:	ZIP Code:
Team Leader:	Married Couples:	Apartment Requests:	RV Requests:
Day Phone #:	# First-Time Volunteers:	# Clergy:	# Musicians:
Cellphone #:	# Construction Skills:		# Prefer Depot:
Arrival Date/Time:	Departure Date:		Departure Time:

Full Name For Name Tag—Please Print	Home Mailing Address	# Visit	Date of Last Visit	Age	M/F	Special Needs/ Concerns	Releases		Depot Experienced	Power Tool Skilled
							Liability	Medical		

Please make as many copies as necessary of this form