



Team Member Application Form His Healing Hands

Basic Personal Information				Date
Last Name	First Name	Middle Init.	Gender	
Address			Unit #	
City		State	Zip Code	
Phone	Fax	Cell	E-Mail	
DOB	Birthplace		Citizenship	
Passport #	Date Issued	Date Expires		Marital Stat
Shirt/ Scrub Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		Height	Weight	
Employment/ School Information				
Employer/ School Name				
Address			Unit #	
City		State	Zip Code	
Contact Name				
Phone	Fax	Cell	E-Mail	
Emergency Contact Information				
Last Name	First Name	MI	Relationship	
Address			Unit #	
City		State	Zip Code	
Phone	Fax	Cell	E-Mail	



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Medical Information					
Have you read His Healing Hands Privacy Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you Agree with His Healing Hands Privacy Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List current health conditions or treatment		List all medication currently being taken		List any medication to which you are allergic	
Medical Insurance Carrier		Group Policy #		Group Policy ID	
RXBIN		Do you have any physical Limitations			
Special Training or Skills					
Do you have any previous medical training or experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe			
Do you have any previous mission or cross cultural experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe			
Do you speak a second language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which Ones?			
Do you have any special skills or hobbies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe			
What do you consider your strong personality traits?	Describe				
What do you consider to be you weak points?	Describe				
What geographic areas of service are you most interested in?	United States	Central America	South America		
	East Europe	Africa	Near East		
	China	S.E. Asia	S. Pacific		
What interests you most about these areas?	Describe				



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Christian Experience and Spiritual Growth			
<p>Although it is not required that all project applicants have a Christian background, it is recommended. As a matter of His Healing Hands Policy, all Team leaders and others who will be officially representing HHH must be devoted Christians as evidenced by their service in a local church or recognized missionary agency. All applicants will be required to be in general agreement with our Statement of Faith and in specific agreement with our stated Project Code of Behavior standards</p>			
Have you read and are you in general agreement with our Statement of Faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain Any Differences	
Have you read and are you in specific agreement with our Project Code of Behavior standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain Any Differences	
Do you know Jesus Christ as your personal Savior?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Sure <input type="checkbox"/> No	Please Explain	
Would you characterize yourself as displaying aspects of mature Christianity?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Sure <input type="checkbox"/> No	Please Explain	
Please list any areas of previous Christian service and give dates.		1. 2. 3.	
Church Relationship			
Are you a member of a local church?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Denomination	
How often do you attend?		How long have you been attending?	
Name of Church		Address	
City		State	Zip Code
Pastor's Name			
Phone	Fax	Cell	E-Mail



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Personal References			
Last Name	First Name	MI	
Address			Unit #
City		State	Zip code
Phone	Fax	Cell	E-Mail
Last Name	First Name	MI	
Address			Unit #
City		State	Zip code
Phone	Fax	Cell	E-Mail
Last Name	First Name	MI	
Address			Unit #
City		State	Zip code
Phone	Fax	Cell	E-Mail

<p>Do you agree to abide by the leadership of the appointed team leaders in all areas pertaining to a project?</p>	<input type="checkbox"/> Yes, I agree <input type="checkbox"/> No, I do not agree
<p>Signed</p>	<p>Date</p>
<p>Approved by HHH Board</p>	<p>Date</p>

**Thank you for your willingness to serve God with us. May He bless you.
 Mail, E-mail, or Fax to: His Healing Hands, 3750A La Cruz Way, Paso Robles, CA 93446 • walker@hishealinghands.com • 805-434-1098**