



# TEAM MEMBER APPLICATION

BRIDGE OF HOPE AFRICA MINISTRIES | PO BOX 96091 · PORTLAND OR 97296  
WWW.BOHAM.ORG | INFO@BOHAM.ORG | 503-956-5997

**MAIL APPLICATION** /// Please send your completed application to the Bridge of Hope Africa Ministries address above. After BOHAM receives your references and completed application, the mission trip coordinator will contact you with further information. **Thank you!**

## GENERAL INFORMATION ///

TRIP APPLYING FOR /// \_\_\_\_\_

Full Legal Name (As it appears on your passport) Preferred Name

Address City, State/Province Zip/Postal Code Country

Country of Current Residence Citizenship Birth Date (MM/DD/YYYY) Birth Country

Pasport Number Passport Country Passport Expiration Date

Languages Spoken Fluently Current Employer and Job Title

## HEALTH ///

Please list any medical problems that you currently have. (Example: diabetes, asthma, allergies, etc.)

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Are you taking medications regularly? **Y** / **N** (Circle one)

If yes, what medications? \_\_\_\_\_  
\_\_\_\_\_

Please list your current health insurance company and policy number:  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

**EXPERIENCE ///**

Have you traveled abroad or participated in any short-term mission trips before? **Y / N** (Circle one)  
If yes, describe where did you go and what did you do: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AREAS OF INTEREST ///** Please check all that apply.

- Children       Youth       Evangelism       Medical       Music
- Leadership Training       Computer/Technology       Construction
- Business Training       Teacher Training       Other \_\_\_\_\_

What skills and abilities do you hope to use on this team and how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you attend a church? **Y / N** (Circle one)  
If yes, what church? (Name & City) \_\_\_\_\_

**REFERENCES ///**

REFERENCE #1

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Name	Relationship to you
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Mailing Address	City, State/Province	Zip/Postal Code
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Email	Phone
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REFERENCE #2

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Name	Relationship to you
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Mailing Address	City, State/Province	Zip/Postal Code
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Email	Phone
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**I certify that all statements made on the pages of this application, including attachments, are true and accurate, and complete to the best of my knowledge and are made in good faith. I understand that any misleading, inaccurate, or incomplete information may be cause for disqualification or termination.**

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

Name Printed : \_\_\_\_\_