

## SMI Team Member Application

(If you have been a SMI team member within the past 12 months, please complete this page with any information that has changed since your last trip.)

Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

(Exactly as it appears on your passport.)

Title: Dr. \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Rev. \_\_\_ Other \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Mailing Address: *(If different)* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport Number \_\_\_\_\_ Passport Authority: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Home Airport from which you will be flying: (very important) \_\_\_\_\_

Marital Status: (Check one.) Single \_\_\_ Married \_\_\_ Widow(er) \_\_\_ Divorced \_\_\_

Spouse's name: \_\_\_\_\_

Current Profession: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Have you participated in a SMI trip before? Yes \_\_\_ No \_\_\_

Where: \_\_\_\_\_ Date: \_\_\_\_\_

Golf Shirt Size (*Sizes are Adult*): S\_\_\_, M\_\_\_, L\_\_\_, XL\_\_\_, XXL\_\_\_

**Insurance:** *Every trip participant is enrolled by SMI in a medical & life insurance plan specifically designed for short-term missionaries.*

Name of beneficiary for life insurance purposes: \_\_\_\_\_

Relationship of beneficiary: \_\_\_\_\_

Do you have major medical health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Do you have any physical or emotional disabilities that would affect your trip participation?

Yes \_\_\_ No \_\_\_ If yes, please describe: \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Nighttime phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

**Education**

High School, College, Graduate Study	Entrance Date	Completion Date	Degree/hours	Major/Minor

Are you fluent in any languages besides English? Yes \_\_\_ No \_\_\_

If so, what are they? \_\_\_\_\_

**Church Affiliation**

Are you a church member? Yes \_\_\_ No \_\_\_

Name of Church: \_\_\_\_\_ Denomination \_\_\_\_\_

Church Address: \_\_\_\_\_

Church Phone: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit Application**

Mail to:

SMI  
c/o Randy Shell  
810 Thunderbird Dr.  
Florence, SC 29501

or email to:

Southeastmed@bellsouth.net