

Trinity Evangelical Lutheran Church

2021 Mission Team Registration

Volunteer Name: _____

Address (street): _____ (city) _____

Date of Birth: _____ Age: _____

Home Phone: _____ Cell Phone: _____

E-Mail address: _____

Emergency Contact Name: _____ Phone: _____

Date of Last Tetanus Shot: _____ Health Issues: _____

Driving with _____

To use your time and talents in the greatest benefit, please indicate which of the following skills you have and also the level of skill you have using the following chart:

0=I am unable to do or am not interested in this skill

1=I don't know how but am willing to learn/try

2=I have done it before, but still need help to do so

3=I can do a good job by myself

4=I can do a good job and can guide/teach others

SKILL LEVEL

- | | | | |
|-------|---------------------------------------|-------|------------------------|
| _____ | Carpenter | _____ | Insulation |
| _____ | Clean up worker | _____ | Mason |
| _____ | Contractor, License _____ | _____ | Material Estimating |
| _____ | Drywall: hanger _____, Finisher _____ | _____ | Painting |
| _____ | Window installation | _____ | Plumber, License _____ |
| _____ | Electrician, License _____ | _____ | Roofer |
| _____ | Engineer, Type _____ | _____ | Other _____ |
| _____ | Flooring: Carpet, Vinyl, Ceramic | | |
| _____ | Framing | | |
| _____ | Heating/Cooling | | |

I would enjoy serving as (check as many as you are willing) & order your choices.

___ Devotion Leader

___ Team photographer

___ Team Organizer

___ Team Construction Leader

___ Tool/Supply coordinator

___ Team Driver (Must be 25 years old)

___ Breakmaker

Driver's License Number: _____

As we will preparing all of own meals, it is important that we know of any food allergies.

We also would like to know the foods that you hate and the ones you love!! Please list below:

Food Allergies

Food Loves

Food Hates

To use your time and talents in the greatest detail, please indicate which of the following skills you have and also the level of skill you have using the following chart:

0-I am unable to do or am not interested in this skill

1-I don't know how but am willing to learn

2-I have done it before, but still need help to do so

3-I can do a good job by myself

4-I can do a good job and can guide/teach others

		SKILL LEVEL	
Insulation	_____	Carpenter	_____
Mason	_____	Clean up worker	_____
Material Estimating	_____	Contractor, license	_____
Painting	_____	Drywall hanger	_____
Plumber, license	_____	Window installation	_____
Roofing	_____	Electrician, license	_____
Other	_____	Engineer, type	_____
		Flooring, Carpet, Vinyl, Ceramic	_____
		Framing	_____
		Heating/Cooling	_____