

# Team Leader/Coordinator Application



## Team Leader/Person Leading Team While on Mission Field

Full Legal Name	Email Address	Phone
Street Address (Personal/Home)	City/State/Zip	

## Trip Information

Country of Destination	Travel Dates	AG Missionary	Team Size
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## Team Coordinator/Person Responsible For Handling Team Paperwork

Full Legal Name	Email Address	Phone
Street Address (Personal/Home)	City/State/Zip	

## Church/Organization

Church/Organization Name	Phone
Street Address (Personal/Home)	City/State/Zip
Lead Pastor/Director Name	Email Address
Missions Pastor Name	Email Address

The team leader/coordinator listed above is an approved representative of the above named church/organization for accomplishing the task of AGWM team registration.

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Pastor/Director Signature

## CONFIDENTIALITY AGREEMENT

I will only use confidential information as it relates to leading missions teams. I will not disclose any of the confidential information made available to me; I will store all Confidential Information in a safe, secure location as long as they are in my possession. I will not use any confidential information for my own self-interest, or for the interest of others, during or after the missions trip. I understand there are missionaries in sensitive countries of the world and I will not do anything to compromise their security.

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Team Coordinator Signature/Person Handling Team Paperwork