

Team Coordinator Application



Team Coordinator/Person Responsible For Handling Team Paperwork

Full Legal Name Email Address Phone

Street Address (This must be your personal/home address.) City/State/Zip

Trip Information

Country of Destination Travel Dates AG Missionary Team Size

Church/Organization

Church/Organization Name Phone

Street Address City/State/Zip

Lead Pastor/Director Name Email Address

Missions Pastor Name Email Address

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

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.

Team Coordinator Signature/Person Handling Team Paperwork