



The International Network of Children's Ministry  
P.O. Box 190, Castle Rock, CO 80104  
1-800-324-4543

## INCM International Training Projects Team Member Application

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Marital Status: \_\_\_\_\_

If children, their ages: \_\_\_\_\_ Current Ministry Position: \_\_\_\_\_

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

Pastor's Name: \_\_\_\_\_ Level of Education: \_\_\_\_\_

If college, degree: \_\_\_\_\_ Major: \_\_\_\_\_

*(Use reverse side if needed)*

Have you ever traveled internationally before? \_\_\_\_\_ If so, where and when? *(Describe below)*

Please describe **when** and **how** you became a Christian:

Please describe any training you have conducted:

**Return fax completed form to Eric Hamp at 303-660-6444.**