2026 APPALACHIAN MINISTRIES OF THE SMOKIES AMOS Registration Form: **Please Contact us for Date and Detail information: 865-475-5611**

Church/Organization

Date of Mission Trip:

Name of Church or Organization:
Church/Organization Street Address:
Street Address Line 2:
City: State: Zip Code:

I understand that it is the church or organization's responsibility to complete a background check on volunteers over the age of 18 to serve with Appalachian Ministries of the Smokies (AMOS). By submitting this registration form our Church or Organization will verify that we have completed appropriate Background Checks on all Adults coming to AMOS.

☐ I agree, our church or organization will be responsible for completing a background check on all volunteers over the age of 18.

☐ I do not agree that our church or organization will be responsible for completing a background check on volunteers under the age of 18.

Leadership

Team Leader Name: Team Leader Phone Number:
Team Leader Email:
Team Leader Address:
Street Address 2:
1. City: 1. State: 1. Zip:

Construction Leader

Constr. Team Leader Name: C.T.L. Phone #:
C.T.L. Email:
C.T.L. Address:
Street Address 1:
2. City: 2. State: 2. Zip:

Which Ministry areas is your team interested in serving?
Home Repair: How Many?
Ministry Center: How Many?
Samaritan House?

How Many Adults? How Many Youth (14 - 17)?

Are there any dietary or physical restrictions? Yes: ☐ No: ☐
Explain: