

NYAC Early Response Team (ERT) Application

Name: _____ Home Phone: _____

Street Address: _____ Cell Phone: _____

City, State, Zip: _____

Date of Birth: _____ Sex: _____ Email address: _____

Church: _____

Church Address: _____

Pastor's Name and Phone #: _____

Print Your Name Exactly As It Appears on Your Passport: _____

Passport Number: _____ Expiration Date of Passport: _____

Occupation: _____ T-Shirt Size: _____

Do you hold a professional license or specialized certification (e.g. MD, RN, PE, EMT, Pastoral Counseling), explain?

Are you CPR certified? Yes No Are you AED certified? Yes No Are you certified in Standard First Aid? Yes No

Do you have a current UMCOR ERT Badge? Yes No If no, did you take the ERT training class and, if so, when?

Have you ever served on an ERT or Disaster Recovery Team? Yes No If so, indicate where? _____

Have you ever served on a VIM team? Yes No If so, indicate where? _____

Who served as your team leader? _____ What languages do you speak? _____

Please check the special skills you possess and indicate applicable skill level: professional, excellent, good, fair.

____ Construction _____ Electrical _____ Masonry _____

____ Other (specify) _____

Why do you wish to participate? _____

Which of the trips I would like to join: __ Haiti __ North Carolina __ Other (specify) _____

Scheduled dates for which I'm able to serve: 1st choice: _____ 2nd choice: _____

ERT trips are typically 5-7 days and require rigorous activity and the hours may be long, is there anything the team leader(s) should know regarding your health (including allergies, diet, etc.) or special needs? _____

I understand that team members must be cooperative, flexible, and patient. I agree to cooperate with the team leader(s) concerning our life together, including daily assignments, food, lodging, transportation and any other activities involving the team as a whole. I agree to stay with the team from the beginning to end of the trip (except as excused by the team leader), to abstain from the use of alcohol and tobacco while on the trip, and to behave in a Christian manner.

Applicant's Signature

Date

To Be Completed by the Applicant's Pastor:

I believe that the above applicant is a dedicated Christian, a team player, and a friendly, flexible person who will make a valuable contribution to this team. I am / am not personally acquainted with the applicant and recommend her/him for volunteer mission service. You may contact me for additional information if needed.

Pastor's Signature

Date

Mail completed application to: Rev. Joseph Ewoodzie, NYAC Mission Coordinator, 20 Soundview Ave, White Plains, NY 10606-3302