

NEW YORK ANNUAL CONFERENCE VOLUNTEERS IN MISSION

Application form

The mission trip team leader will not share this information except as required and related to the mission trip (e.g. to treat a medical condition).

PLEASE COMPLETE THE FRONT AND BACK OF THIS APPLICATION FORM, SIGN IT BELOW AND HAVE YOUR PASTOR ALSO SIGN BELOW. THE ORIGINAL COMPLETED APPLICATION SHOULD BE SENT TO THE TEAM LEADER AND A COPY TO THE CONFERENCE MISSION COORDINATOR ADDRESS SHOWN ON THE REVERSE.

NAME & LOCATION of PROJECT: _____

PROJECT DATES: _____--_____ COST: _____ DEPOSIT REQUIRED: _____

(The deposit holds your place and is refundable until: _____)

(Total cost includes: **Airfare, in-country cost of transport, room & board, other mission activities.**)

(It does NOT include: **Passport cost, inoculations, transport between home & departure airport, personal costs.**)

Name as shown on passport (or passport application where applicable) _____

I'd like to be called: _____

Home Phone: _____

Mailing Address: _____

Work Phone: _____

City, State, Zip: _____

Cell Phone: _____

Date of Birth: _____ Sex: _____

Email address: _____

Passport Number: _____ Date of Issue: _____ Place of Issue: _____

Passport Expiration Date (should be renewed if expiration is less than 6 months from departure date): _____

Occupation: _____ Team-shirt Size _____

Name of Church: _____ District: _____ Pastor: _____

Church Address: _____ Pastor's Phone: _____

Date of Safe Sanctuaries Certification (if applicable): _____

Mission experience: Dates & locations: _____

Have you traveled to any developing countries in a non-mission capacity? _____ If so, list countries and years: _____

I understand that team members must be cheerful, cooperative, flexible, and patient. I agree to cooperate with the team leader(s) concerning our life together, including daily assignments, food, lodging, and 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 mission trip, and generally to behave in a Christian manner.

Applicant's Signature

Date

To Be Completed by the Applicant's Pastor:

I am aware that the above applicant, who is a member/friend of my congregation, is applying for this mission team.

I am / am not personally acquainted with the applicant. You may contact me for additional information if needed.

Pastor's Signature

Date

**PLEASE PROVIDE THE FOLLOWING INFORMATION SO THAT WE CAN GET TO KNOW YOU BETTER.
ATTACH A SEPARATE SHEET IF ADDITIONAL SPACE IS REQUIRED.**

1. Why do you wish to participate? _____

2. Please indicate your state of physical and emotional health (the project and trip may include rigorous activity, living accommodations may be rustic, and the hours may be long). Is there anything the team leader(s) should know regarding your health (allergies, diet, etc.)? _____

4. Team members may be asked during a church service to give a 2-3 minute testimonial before or after the project. Would you be comfortable doing this? _____
3. Please circle all applicable skills below and describe your experience/training/certification, etc., as appropriate. This information will assist in determining Team assignments
 - Building/carpentry/masonry skills: Fair Good Excellent Professional: Describe _____

 - Non-English language skills (indicate degree of skill): Spanish-Speak _____ Read _____
Other languages (identify)-Speak _____ Read _____
 - Health Care: Physician Nurse Dentist First Aid training CPR training; Other: _____
(Describe) _____
 - Teaching: (Describe) _____
 - Working with Youth: recreation storytelling art singing crafts: Other : _____ (Describe) _____

 - Singing skills: solo small groups total group only; Instruments: _____
(Describe) _____
 - Preaching devotionals leading in prayer-related skills (Describe) _____

 - Photography (Describe) _____
 - Keeping and publishing a team trip journal (Describe) _____
 - Giving post-trip talks and slide presentations (Describe) _____
 - Other skills and abilities that will contribute to the team experience: (e.g., sharing spiritual gifts, food preparation, agriculture, etc.) _____

MAIL A COPY OF APPLICATION TO: Rev. Joseph Ewoodzie
Conference Mission Coordinator
20 Soundview Ave.
White Plains, NY 10606

Tel: 914-615-2233
Fax: 914-615-2244
email: jewoodzie@nyac.com