

Youth Mission Ambassadors

Kratie, Cambodia 2010

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).

NAME & LOCATION of PROJECT: **Youth Ambassadors trip to Cambodia**

PROJECT DATES: February 10-21, 2010 COST: \$2,200.00 (approx) DEPOSIT: \$800.00

Name: _____ Home Phone: _____

Mailing Address: _____ Cell Phone: _____

City, State, Zip: _____

Birth Date: _____ Sex: F / M Email address: _____

Parent's (Guardian's) Name: _____

Parent's Email Address: _____ Cell Phone: _____

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

Year in school _____ Hobbies/interests: _____

Languages: _____ Construction/Healthcare Specialties: _____

Missions experience & location: _____

Name of Church: _____

Pastor's Name: _____ Pastor's Phone: _____

Church Address: _____

T-shirt Size _____

Above individual cost includes: airfare from NYC airport, food, lodging and group transportation while in Cambodia.

It does NOT include transportation to/from NYC airport, personal items, gifts, medical costs, etc

The deposit holds your place and is refundable until December 1, 2009.

1. Why do you wish to participate? (Please use separate page.)
2. Have you traveled to a developing country? _____ Which one(s)? _____
3. Please indicate your state of physical and emotional health (the project and trip will include rigorous activity and the hours may be long). Is there anything the team leader(s) should know regarding your health (allergies, diet, etc.)?

4. Youth Mission Ambassadors Team members will be expected to give 3-5 personal testimonials after the mission trip for a free-will offering. These offerings will be used to support future Youth Mission Ambassador trips. With God's help, do you feel certain that you would be able to do this? _____

5. Please circle all applicable skills below and explain in detail where appropriate:

- Building/carpentry/masonry skills: Fair Good Excellent Professional: Other: _____
 - Health Care: First Aid training CPR training; Other: _____
 - Teaching Health Care (be specific) _____ Other: _____
 - Working with other Youth: recreation storytelling art singing crafts: Other : _____
 - Singing skills: solo small groups total group only; Instruments: _____
 - Preaching devotionals leading in prayer-related skills _____
 - Photography (explain) _____
 - Keeping and publishing a team trip journal (explain) _____
 - Giving post-trip talks and slide presentations (elaborate) _____
 - Other skills and abilities that will contribute to the team experience: _____
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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 relinquish my cell phone and MP3/Ipod. 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 or other activities that may reflect poorly on our group 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 / am not personally acquainted with the applicant and recommend her/him for volunteer mission service. 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 mission team. You may contact me for additional information if needed.

Pastor's Signature

Date

Return completed application with deposit to the project organizer or team leader:

Return completed application form with deposit to:

**Donna L Jolly
1315 Lucas Ave Ext
Kingston, NY 12401
845 853 8662 (H)
845 532 2185 (C)**