

# NEW YORK ANNUAL CONFERENCE VOLUNTEERS IN MISSION

## Application form

PLEASE COMPLETE BOTH PAGES OF THIS APPLICATION FORM, SIGN IT BELOW AND HAVE YOUR PASTOR ALSO SIGN BELOW. This information will not be shared except as required and related to the mission journey (e.g. to treat a medical condition).

NAME & LOCATION of PROJECT: Winneba, Ghana PROJECT DATES: February 17 – 27, 2017  
TOTAL COST: \$2,900 REQUIRED DEPOSIT: \$800 APPLICATION DUE DATE: **Sept. 30, 2016**

(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.**)

### Passport Information

Name as shown on passport: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Place of Issue: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

(Should be renewed if expiration is less than 6 months from departure date):

### Personal Information (Youth)

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Email address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Name of Church: \_\_\_\_\_ District: \_\_\_\_\_ Pastor: \_\_\_\_\_

Church Address: \_\_\_\_\_ Pastor's Phone: \_\_\_\_\_

Mission experience: Dates & locations: \_\_\_\_\_

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

### Contact Information (Youth)

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Contact Information (Parents)

Name: \_\_\_\_\_ Email \_\_\_\_\_ Cellphone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_ Cellphone: \_\_\_\_\_

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 journey. 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? Write on a separate sheet.  
\_\_\_\_\_
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
  - a. Your health: \_\_\_\_\_
  - b. Allergies: \_\_\_\_\_
  - c. Diet: \_\_\_\_\_
  - d. List any medication that you currently take: \_\_\_\_\_
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.) \_\_\_\_\_
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? \_\_\_\_\_

**APPLICATION INSTRUCTIONS:** Please mail or email the following 3 items to Rev. Joseph Ewoodzie

1. This original 2-page application, completed and signed by yourself and your pastor.
2. A Photocopy of the name/picture page of your passport
3. A check for the required deposit \$800. Make check payable to NYAC/ YAM 2016.

**MAILTO:** Rev. Joseph Ewoodzie  
Conference Mission Coordinator  
20 Soundview Ave.

Tel: 914-615-2233  
Fax: 914-615-2244  
E-mail: [jewoodzie@nyac.com](mailto:jewoodzie@nyac.com)

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