Application - Journey to Cuba

Mission Discovery for Young Adults

**DEADLINE: November 25, 2016**

*Application may be submitted electronically to coordinator@umvimnej.org or by mail to:*

*Rev. Tom Lank*

*UMVIM-NEJ*

*568 Montgomery Ave*

*Bryn Mawr, PA 19010*

**Name: (exactly as it appears/will appear on your passport)**

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**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best way to reach you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conference:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Bishop:**

**Local Church and Address:**

**Church Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Pastor:**

**Pastor’s email:**

**Insurance: yes or no**

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please provide the team with a photocopy of your Insurance Card

**Do you have or can you obtain a passport?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expiration Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies: (please do not hold anything back, for example – dust, motion sickness, lactose intolerant, or wheat allergies, etc)**

**Special Dietary Needs: (If any, like, vegan, vegetarian, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Previous Mission Experience: share any previous mission experiences you have had through your church, campus ministry, or other volunteer organizations (use a separate sheet of paper if necessary):**

**References**

Please give the attached reference form to at least three individuals who can serve as references for your participation in this mission experience. At least one reference should come from your local pastor and the other should be from an individual(s) who know you well and can speak to the information requested.

1. (Pastor) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Living Conditions:**

The journey to Cuba may be challenging for some. What coping skills do you have to deal with:

1. No internet, texting, or cell phone service?
2. Sharing bathrooms or sleeping quarters with many other people?

1. Power outages?
2. Homesickness?

 5. Food that may be different from what you are used to?

**Please check all applicable skills and explain, where appropriate.**

\_\_\_ Language(s) spoken other than English:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This is *not* necessary, but helpful for team leaders to know.)

\_\_\_ Work with children and youth, including recreational skills, storytelling, art, singing, crafts. Which is best for you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Building/carpentry skills.

Please indicate your level of expertise: \_\_\_Fair \_\_\_Good \_\_\_Excellent \_\_\_Professional

\_\_\_ Medical services. \_\_\_Physician \_\_\_Nurse \_\_\_First aid training \_\_\_CPR training

\_\_\_ Singing in worship services. \_\_\_Solos \_\_\_Duets/trios/small groups \_\_\_With total group only

\_\_\_ Playing a musical instrument (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Preaching or giving a prepared talk/devotional

\_\_\_ Photography/Videography (Explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ After Mission Presentations: \_\_\_talks \_\_\_PPT presentations \_\_\_Videos \_\_\_News Stories/Articles

\_\_\_ Other skills/abilities that will contribute to the team experience. )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Roles:**

Tom Lank and Nechi Fullerton are the designated Team Leaders for this trip. They are experienced in leading international missions and Nechi is experienced in working with the Methodist Church in Cuba . Given the mission leader training emphasis of our journey, they will be sharing this information with the group and mentoring each participant throughout the trip.

As a Participant-Leader, you will help organize the trip, plan and implement the budget, and offer devotions as needed. You will hold one another accountable with love and respect, remain open and flexible, and respect each other’s space and needs while taking care of yourself. Each team member is expected to organize and lead a team of their own within 18 months of returning. Tom will be available to support Participant-Leaders as they prepare.

**Signature:**

Your signature below indicates that you will be able to respect these roles and put aside personal needs for the needs of the team as a whole. Furthermore, you agree to stay with the team from beginning to end, to abstain from the use of alcohol and tobacco and drugs while on the mission, and to share my faith in an appropriate Christian manner.

 (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Submit a copy of your passport with this application\*\***

**Deposit:**

A $100 deposit payable to “UMVIM-NEJ” is due by **November 25, 2016**. This will be refunded if you are not selected to participate in the Journey to Cuba. Only 10 applicants will be approved.

Rev. Tom Lank

UMVIM-NEJ

568 Montgomery Ave.

Bryn Mawr, PA 19010