



Louisiana Volunteers in Mission  
527 North Boulevard, Baton Rouge, Louisiana 70802  
Toll free: 888.239.5286, Voice: 225. 346.1646  
Fax: 225.383.3144, E-mail: **lavim@la-umc.org**

## APPLICATION

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: \_\_\_\_\_

PROJECT DATES: \_\_\_\_\_ COST: \$ \_\_\_\_\_ DEPOSIT: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Hobbies/interests: \_\_\_\_\_

Languages: \_\_\_\_\_ Construction/Healthcare Specialties: \_\_\_\_\_

Missions experience & location: \_\_\_\_\_

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

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

Date of Safe Sanctuaries Certification (if applicable): \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Above individual cost includes \_\_\_\_\_

It does NOT include \_\_\_\_\_

The deposit holds your place and is refundable until \_\_\_\_\_

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. 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? \_\_\_\_\_

5. Please circle all applicable skills below and explain in detail where appropriate: Team assignments will be made based on this information.

- Building/carpentry/masonry skills: Fair Good Excellent Professional: Other: \_\_\_\_\_
  - Health Care: Physician Nurse Dentist First Aid training CPR training; Other: \_\_\_\_\_
  - Teaching Health Care (be specific) \_\_\_\_\_ Other: \_\_\_\_\_
  - Working with 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: \_\_\_\_\_
- 

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 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. 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

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