



**Application for Serbia Mission Trip
October 12-20, 2018
Kentucky Conference United Methodist Volunteers in Mission**

Date: _____

Full Name: _____ Birthdate*: _____
As it appears on passport

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Text? Y or N

E-Mail: _____

Occupation: _____

Passport # _____ Expiration Date: _____

Special Skills: _____

Church Name: _____

District: _____

Pastor or Associate Pastor Signature: _____

Pastor's Name (Printed): _____

Pastor's Email: _____ Pastor's Phone #: _____

Pastor or Associate Pastor: By signing this form, you are recommending to Kentucky Conference UMVIM the person listed above as a team member. If you have concerns about whether this person will be a good team member, please contact team leader John Kalz, kalzjd@gmail.com or 502-762-6022.

Clergy applying: Church Name/District is sufficient

*Must be 16 years or older as of October 2018 to participate

Emergency Contact Person(s) _____

Phone #s of Emergency Contact Person(s) _____

Allergy Information: _____

Current Medical Conditions: _____

Any other medical conditions we should be aware of:

The nature of this trip requires you to be able to walk short distances and upstairs. Are you able to do this? _____

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Please briefly describe why you wish to be a part of the Serbia mission team:

Please list any prior experiences serving with a mission team:

Please briefly describe the ways you are involved in the life of your local church:

Three non-relative references we can contact:

Name

Email

Phone

1.

2.

3.

I wish to be considered as a team member for the 2018 Serbia Mission Team. If chosen, I commit to paying or raising the necessary amount of funds, to participate in a pre-trip meeting, to abide the rules of UMVIM while on the trip, and to cheerfully participate during the trip as a witness to Christ.

Signed: _____

Please return to us by May 15, 2018 with a \$100 deposit. The deposit will be returned if you are not selected for this trip. Checks should be made out to Kentucky Conference UMVIM.

Mail to: Kentucky Conference UMVIM c/o John Kalz, 2817 Hikes Lane, Louisville, KY, 40218.