

# ALLPORT/BIGLER/WOODLAND WORKCAMP

Sunday, August 19 - Friday, August 24, 2012

## **VOLUNTEERS IN MISSION (V.I.M.)**

**Team Member Application  
Susquehanna Conference  
The United Methodist Church**



**UNITED METHODIST VOLUNTEERS IN MISSION**  
*Christian Love in Action!*

*(PLEASE PRINT OR TYPE ALL INFORMATION, YOU  
MAY USE ADDITIONAL PAPER IF NECESSARY)*

1. NAME \_\_\_\_\_  
FIRST MIDDLE LAST

2. NICKNAME PREFERRED \_\_\_\_\_, 3. DATE OF BIRTH \_\_\_\_\_ . 4. SEX: M F

5. ADDRESS (Street, City, Zip) \_\_\_\_\_

6. HOME PHONE \_\_\_\_\_ 7. WORK PH: \_\_\_\_\_

8. CELL PH. \_\_\_\_\_ 9. Email \_\_\_\_\_

10. HOME CHURCH \_\_\_\_\_ 11. PASTOR \_\_\_\_\_

12. CHURCH DISTRICT: \_\_\_\_\_

13. OCCUPATION (IF RETIRED. PREVIOUS WORK) \_\_\_\_\_

14. STUDENTS: GRADE COMPLETED AS OF JUNE 2011 \_\_\_\_\_

15. PARENT OR LEGAL GUARDIAN'S SIGNATURE \_\_\_\_\_

16. EMERGENCY CONTACT PERSON \_\_\_\_\_

17. CONTACT PERSON'S ADDRESS \_\_\_\_\_

18. CONTACT PERSON'S PHONE: HOME \_\_\_\_\_ WORK & or CELL \_\_\_\_\_

19. LIST LOCAL CHURCH ACTIVITIES & LEADERSHIP EXPERIENCES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. LIST PREVIOUS WORKCAMP EXPERIENCES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. LIST ANY SPECIAL NEEDS OR LIMITATIONS RELATING TO WORK OR LIVING CONDITIONS, INCLUDING MEDICAL NEEDS. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. ARE YOU WILLING TO LIVE AND WORK UNDER CONDITIONS THAT MAY BE UNCOMFORTABLE, UNFAMILIAR, AND REQUIRE FLEXIBILITY AND UNDERSTANDING? YES \_\_\_\_\_ NO \_\_\_\_\_ COMMENTS \_\_\_\_\_

23. ARE YOU WILLING TO WORK WITH INDIVIDUALS OF VARIOUS SEXES, RACES, AND NATIONALITIES AND TREAT THEM WITH EQUALITY? YES \_\_\_\_\_ NO \_\_\_\_\_

24. YOUR INSURANCE CO. \_\_\_\_\_ ID# \_\_\_\_\_  
 GROUP ID# \_\_\_\_\_

**PLEASE CIRCLE ALL THAT APPLY**

**COMMUTERS** (Days present to work)                      Monday    Tuesday    Wednesday    Thursday    Friday

**LODGING** (Days present to lodge and/or work)    Sunday    Monday    Tuesday    Wednesday    Thursday    Friday

MEALS	Sun.	Mon.	Tue.	Wed.	Thur.	Fri.
Breakfast		X	X	X	X	X
Lunch		X	X	X	X	X
Supper	X	X	X	X	X	

Return this form with payment of: \$10 per day/ **\$50** for the week.

**Commuters \$5 per day/\$25** for the week

*(We ask all commuters to agree to arrive for morning devotions and stay through evening meal, we assume all who lodge will be present for all meals unless you indicate otherwise.)*

**\*\*\*\*\*APPLICATIONS DUE: Tuesday, May 1, 2012\*\*\*\*\***

Make checks made Payable "CALVARY UMC"

**MAIL TO:**    Calvary UMC  
                   Attn: Rev. Jeff Fisher  
                   4700 Locust Lane, Harrisburg, PA 17109  
                   PHONE 717-545-0021    Email: jfisher@susumc.org