## ALLPORT/BIGLER/WOODLAND WORKCAMP

Sunday, June 16 - Friday, June 21, 2013

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

Team Member Application Susquehanna Conference The United Methodist Church

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



UNITED METHODIST VOLUNTEERS IN MISSION
Christian Love in Action!

| 1. NAME                      |                                      |               |   |  |  |  |
|------------------------------|--------------------------------------|---------------|---|--|--|--|
| FIRST                        | MIDDLE                               | LAST          |   |  |  |  |
| 2. NICKNAME PREFERRED        | NICKNAME PREFERRED, 3. DATE OF BIRTH |               |   |  |  |  |
| 5.ADDRESS(Street, City, Zip) |                                      |               |   |  |  |  |
| 6. HOME PHONE                | 7. WOI                               | RK PH:        |   |  |  |  |
| 8. CELL PH                   | 9. Email                             |               |   |  |  |  |
| 10. HOME CHURCH              |                                      | _11. PASTOR   |   |  |  |  |
| 12. CHURCH DISTRICT:         |                                      |               |   |  |  |  |
| 13. OCCUPATION (IF RETIRED.  | PREVIOUS WORK)                       |               |   |  |  |  |
| 14. STUDENTS: GRADE COMPL    | ETED AS OF JUNE 20                   | 11            |   |  |  |  |
| 15. PARENT OR LEGAL GUARD    | IAN'S SIGNATURE                      |               |   |  |  |  |
| 16. EMERGENCY CONTACT PE     |                                      |               |   |  |  |  |
| 17. CONTACT PERSON'S ADDR    | ESS                                  |               |   |  |  |  |
| 18. CONTACT PERSON'S PHONI   | E: HOME                              | WORK& or CEL  | L |  |  |  |
| 19. LIST LOCAL CHURCH ACTI   | VITIES & LEADERSH                    | P EXPERIENCES |   |  |  |  |
|                              |                                      |               |   |  |  |  |
|                              |                                      |               |   |  |  |  |

| 20. LIST PREVIOUS WORKCAMP EXPERIENCES |                 |                 |               |                |             |                    |              |          |  |  |
|----------------------------------------|-----------------|-----------------|---------------|----------------|-------------|--------------------|--------------|----------|--|--|
|                                        |                 |                 |               |                |             |                    |              |          |  |  |
|                                        |                 |                 |               |                |             |                    |              |          |  |  |
|                                        |                 |                 |               |                |             |                    |              |          |  |  |
| 21. LIST A                             | ANY SPECIA      | L NEEDS OF      | R LIMITATIO   | NS RELAT       | ING TO W    | ORK OR LIV         | ING CONE     | OITIONS. |  |  |
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|                                        |                 |                 |               |                |             |                    |              |          |  |  |
|                                        |                 |                 |               |                |             |                    |              |          |  |  |
|                                        |                 |                 |               |                |             | THAT MAY           |              | •        |  |  |
| YES                                    | _ NO            | _ COMMEN        | TS            |                |             |                    |              |          |  |  |
|                                        |                 |                 |               |                |             | US SEXES, R<br>NO_ | ,            |          |  |  |
| 24. YOUI                               | R INSURANC      | CE CO           |               | <del>.</del>   | ID#         |                    |              |          |  |  |
| GROUP 1                                | D#              |                 |               |                |             |                    |              |          |  |  |
| PLE.                                   | ASE Circle E    | ACH X for th    | e meals you w | vill need, and | d Circle EA | ACH Day you        | will Need lo | odging   |  |  |
| COMMU                                  | TERS (Days pr   | resent to work) |               | Monday         | Tuesday     | Wednesday          | Thursday     | Friday   |  |  |
| LODGIN                                 | G (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, 2013\*\*\*\*\*

Make checks made <u>Payable</u> "CALVARY UMC"

**MAIL TO:** Calvary UMC

Attn: Rev. Jeff Fisher

4700 Locust Lane, Harrisburg, PA 17109

PHONE 717-545-0021 Email: jfisher@susumc.org