

DIOCESE OF SOUTHEAST FLORIDA TRAINING MISSION

JANUARY 31 – FEBRUARY 7, 2004

PERSONAL INFORMATION

NAME _____
(First) (Middle) (Last)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PARISH _____ CITY _____

PHONE-AM (____) _____ PHONE-PM (____) _____

CELL PHONE (____) _____

EMAIL ADDRESS _____ SHIRT SIZE _____

DATE OF BIRTH _____ AGE _____ SEX _____

MARITAL STATUS: Single _____ Married _____ Divorced _____ Separated _____

SPOUSES NAME: _____ CHILDRENS NAMES _____

PASSPORT# _____ SOCIAL SECURITY# _____

DO YOU HAVE AN IMMUNIZATION CARD(Yellow) _____

PRAYER PARTNERS 1.) _____

2.) _____

3.) _____

FINANCIAL INFORMATION

THE COST OF THE MISSION IS **\$500.00**. (PLUS AIRFARE - \$310 or \$450 Est. after 11/20/03)

HOW DO YOU ANTICIPATE PAYING FOR THE MISSION?

_____ PAY THE ENTIRE AMOUNT ON DECEMBER 6ST

_____ PAY \$500 ON DECEMBER 6 AND THE BALANCE OF \$310 OR \$450+ ON JANUARY 10TH.

_____ I CAN ONLY PAY \$ _____!

I WILL PAY \$ _____ ON DECEMBER 6TH AND \$ _____ ON JANUARY 10TH.

\$ _____ BALANCE TO BE RAISED *THROUGH CORPORATE SPONSORS, GENERAL DONATIONS, OR SCHOLARSHIPS.*

SKILLS

PLEASE LIST ANY SKILLS YOU HAVE IN LANGUAGES OTHER THAN ENGLISH.

CHECK ANY OF THE SKILLS BELOW THAT APPLY TO YOU. GIVE FURTHER EXPLANATION IF NECESSARY.

MEDICAL

- Doctor
- Nurse
- Dentistry
- Nutrition
- Other (name it)

CONSTRUCTION

- Carpentry
- Masonry
- Plumbing
- Electrical
- Other (name it)

COMPUTER

- Programming
- Data Entry
- Word Processing
- Other (name it)

BUSINESS

- Accounting
- Management
- Marketing
- Other (name it)

List type of Computer:

PERSONAL MINISTRY

- Bible Study Leader
- Evangelism
- Singing
- Musical Instrument
- Other (name it)

OTHER

- Horticulture
- Agriculture
- Arts/Crafts
- Food Service
- Other (name it)

SPIRITUAL GIFTS

- Wisdom
- Healing
- Prophecy
- Speaking in Tongues

- Knowledge
- Faith
- Discerning Spirits
- Interpretation of Tongues

TEAM MEMBERS REPOSES

ON A SEPARATE SHEET OF PAPER WRITE ONE OR TWO PARAGRAPHS OF EACH OF THE FOLLOWING:

- . **Write a brief description of your life's pilgrimage with Jesus Christ and His Church.**
- . **Why you want to be on a short term mission's team?**
- . **What short-term experience or teams have you served on before?**
- . **Describe your leadership experience in church, professional life, volunteer groups, etc.**
- . **What multi-cultural experiences have you had? What countries have you visited?**
- . **What experiences have you had with Evangelism?**

*** BRING WITH YOU TO THE SECONG TEAM MEETING ON JANUARY 10TH!**

LIABILITY RELEASE FORM

In signing this form, I _____, agree not to hold Diocese of Southeast Florida, Inc., its officers, employees, or other agents liable for any injury, loss, damage, or accident that I might encounter while on one of their missions trips.

I realize and acknowledge that my participation on a mission trip to a foreign country includes many risks and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume any such risks that might result from my travel to a foreign country, and I unconditionally agree to hold Diocese of Southeast Florida, Inc. its officers, employees, or agents blameless for any liability concerning my personal health and well being, or any liability for my personal property that might be lost, damaged or stolen while on a mission trip.

I have carefully read the foregoing and I understand that my signature herein holds Diocese of Southeast Florida, Inc. , its officers, employees, or other agents harmless for any liability for injury, damage, loss, accident, delay or irregularity in schedule.

Signature of Parent or Legal Guardian (if a minor) _____

DATE: _____ WITNESSED BY: _____

NOTARY:
STATE OF _____ COUNTY OF _____ ON THIS DAY
OF _____ 20____, BEFORE ME PERSONALLY APPEARED
_____ TO BE KNOWN TO BE THE
PERSON(S) WHO EXECUTED THE ABOVE RELEASE, AND ACKNOWLEDGE
THAT _____ VOLUNTARILY EXECUTED SAME.

NOTARY PUBLIC: _____

DATE OF EXPIRATION OF NOTARY COMMISSION: _____

NOTARY SEAL

**PARENTAL CONSENT FORM
(For Minors Only)**

IN CASE OF AN EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE A DESIGNATED REPRESENTATIVE OF HOLY SACRAMENT EPISCOPAL CHURCH, INC. MY PERMISSION TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE MY PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO BY USING MEASURES DEEMED NECESSARY. I FURTHER ABSOLVE THE DIOCESE OF SOUTHEAST FLORIDA, INC., FROM LIABILITY IN THIS REGARD.

DATE: _____

**SIGNATURE OF PARENT OR LEGAL GUARDIAN
MUST BE EMERGENCY CONTACT LISTED ABOVE**

NOTARY

MONTH _____ DAY _____ YEAR _____

NOTARY: _____

NOTARY STAMP

DIOCESE OF SOUTHEAST FLORIDA

TRAINING MISSION 2004

MORAL OBLIGATION

I _____ HEREBY AGREE AS A
FOLLOWER OF JESUS CHRIST TO BE MORALLY RESPONSIBLE THAT IF I,
FOR ANY REASON, HAVE TO DROP OUT OF THE DIOCESE OF SOUTHEAST
FLORIDA TRAINING MISSION 2004 AFTER DECEMBER 6, 2003, I WILL BE
RESPONSIBLE TO PAY FOR THE DESIGNATED AIR FARE OF THIS TRIP OR
FIND A REPLACEMENT THAT IS ACCEPTABLE AND APPROVED BY
ARCHDEACON BRYAN HOBBS.

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____
(of parent or legal guardian if under 18 yrs.

old)

PLEASE HAVE THIS FORM SIGNED AND IT MUST BE SIGNED AT THE
DECEMBER 6TH MEETING. THANK YOU FOR YOUR PROMPT RESPONSE.

MISSIONER'S COVENANT

I, as a member of the Short Term Mission Team, covenant the following:

- 1. To prepare for the experience by participating in team orientation sessions.**
- 2. To prepare spiritually for such a mission.**
- 3. To represent my church as honorably as I can.**
- 4. To uphold group spirit by cooperating with group decisions and by obeying the few, necessary directives of the team leader.**
- 5. To participate in daily devotions with team members.**
- 6. To share my faith in an appropriate manner while on the mission.**
- 7. To prepare myself physically for the mission.**
- 8. To return to church and community and give as freely as I can of my time in interpretation of the mission experience to our church members who were unable to go on the mission.**

I, in return, as part of the covenant, expect:

- 1. To grow in my Christian experience and commitment.**
- 2. To experience life as other people live it.**
- 3. To realize a valid contribution to those who need help.**
- 4. To share joy of service with a group of Christians.**
- 5. To feel the support of the other members of the work team.**
- 6. To enjoy the work experience.**
- 7. To appreciate my church, my home and my community.**

(Add any other expectations you have with respect to the mission)

Name (Please Print) _____

Signature _____

CONFIDENTIAL REFERENCE

YOU MUST HAVE 3 REFERENCES. ONE FROM EACH OF THE FOLLOWING AREAS.

- 1. CHURCH** _____
- 2. WORK OR SCHOOL** _____
- 3. FAMILY OR FRIENDS** _____

PLEASE SEND DIRECTLY TO:

**The Ven. Dr. Bryan A. Hobbs
Diocese of Southeast Florida
9300 S. W. 6th Ct.
Pembroke Pines, Florida 33025
Attention: Missions Department
OR Fax: 954-443-5892**

NAME OF APPLICANT _____

The above has applied for one of the Holy Sacrament Outreach Mission Ministries. In order to make an intelligent evaluation of the applicant's fitness for service the Screening Committee would appreciate your supplying the information requested on this form. Your statements will help us effectively meet the needs of the applicant should he/she be accepted into the outreach mission project.

Please check one of the following in each area:

| | EXCELLENT | GOOD | FAIR | POOR |
|-----------------------------------|------------------|-------------|-------------|-------------|
| INITIATIVE | _____ | | | |
| HEALTH | _____ | | | |
| PERSONAL APPEARANCE | _____ | | | |
| CONCERN FOR OTHERS | _____ | | | |
| LEADERSHIP | _____ | | | |
| EMOTIONAL STABILITY | _____ | | | |
| MORAL STANDARDS | _____ | | | |
| ABILITY TO FOLLOW | _____ | | | |
| ABILITY TO COMMUNICATE | _____ | | | |
| CHRISTIAN SERVICE | _____ | | | |
| AND CONCERN FOR EVANGELISM | _____ | | | |
| OVERALL ATTITUDE | _____ | | | |

IS HE/SHE PREJUDICED AGAINST GROUPS, RACES OR NATIONALITIES?

YES _____ **NO** _____ **IF SO, EXPLAIN:** _____

IN YOUR CONSIDERATION THIS APPLICANT'S CHRISTIAN EXPERIENCE IS WHICH OF THE FOLLOWING:

_____ **PROFOUND** _____ **CONTAGIOUS** _____ **GENUINE/GROWING**
_____ **OVER-EMOTIONAL** _____ **SUPERFICIAL**

ANY OTHER COMMENTS: _____

PLEASE CHECK:

MENTAL ABILITY

_____ **Quick to comprehend** _____ **Average** _____ **Slow**

INDUSTRY

_____ **Hard worker** _____ **Average** _____ **Lacks Persistence**

RELIABILITY

_____ **Meets Financial Obligations** _____ **Average** _____ **Neglects**

COOPERATION

_____ **Works well with others** _____ **Average** _____ **Avoids Group**

SOCIAL ATTITUDE

_____ **Takes Advice** _____ **Average** _____ **Unyielding in Character**

CHRISTIAN CHARACTER

_____ **Sounds-well balanced** _____ **Average** _____ **Unstable**

DISPOSITION

_____ **Cheerful** _____ **Average** _____ **Depressed**

HABITS

_____ **Good** _____ **Bad** _____ **Undesirable**

COMMENT BRIEFLY ON THE FAMILY AND SOCIAL BACKGROUND OF THE APPLICANT:

WOULD YOU RECOMMEND THE APPLICANT FOR ACCEPTANCE BY HOLY

SACRAMENT SHORT TERM MISSIONS:

_____Unhesitatingly _____With some hesitation _____No

WHAT IS YOUR RELATIONSHIP TO THE APPLICANT: _____
(Example: Pastor, Teacher, Fried, Parent, etc.)

**I HAVE KNOWN THE APPLICANT FOR _____ YEARS AND BELIEVE THAT
(HE/SHE) POSSESSES THE QUALITIES INDICATED ABOVE.**

Signature _____ **Date Signed** _____

ADDRESS _____

PHONE# () _____ **Zip**

EMERGENCY AND HEALTH INFORMATION

PERSON TO CONTACT IN CASE OF AN EMERGENCY”

EMERGENCY INFO FOR (PRINT NAME): _____

CONTACT NAME: _____ **RELATIONSHIP:** _____

PHONE-AM () _____ **PHONE-PM ()** _____

CELL () _____

EMAIL ADDRESS: _____

HEALTH INSURANCE CO: _____

POLICY #: _____

PHYSICIANS NAME: _____ **PHONE ()** _____

DO YOU HAVE ANY PHYSICAL PROBLEMS THAT WE SHOULD KNOW ABOUT?

YES _____ **NO** _____

IF YES, PLEASE DESCRIBE: _____

ARE YOU PRESENTLY TAKING ANY MEDICATIONS: YES _____ **NO** _____

IF YES, EXPLAIN: _____

DESCRIBE ANY SPECIAL DIETARY NEEDS: _____

BROWARD TEAM MEMBER PRAYER PARTNERS

_____ >

1. _____

2. _____

3. _____

_____ >

1. _____

2. _____

3. _____

_____ >

1. _____

2. _____

3. _____

_____ >

1. _____

2. _____

3. _____

_____ >

1. _____

2. _____

3. _____

PLEASE PRAY BEFORE FILLING THIS FORM OUT. REMEMBER YOUR ANSWERS ARE IMPORTANT SO THAT WE CAN IMPROVE ON THE NEXT MISSION TRIP AND IN ORDER TO SERVE GOD MORE EFFECTIVELY.

SHORT-TERM MISSION EVALUATION FORMS

NAME: _____

Did you feel adequately prepared? Yes _____ No _____

On the next short term mission would you be willing to spend 3 solid days prior to leaving dedicated to training and team formation? Yes _____ No _____

Did you experience the power of God on this mission? Yes _____ No _____

In what areas: _____

Have you grown closer to God? Yes _____ No _____

In what areas: _____

What type of things did you learn? _____

What would you like to see changed? _____

Did you get sick? Yes _____ No _____

What was the problem? _____

What did you do for this? _____

How long did it last? _____

Was this a life changing experience for you? Yes _____ No _____