

ZOE Ministry

Application for Volunteers In Mission Team to Africa

Name _____ Date of Birth _____
Phone _____ (w) _____ (h) _____ (c)
e-mail _____
Address _____
Church Membership _____

1. When did you accept Jesus Christ as your Lord and Savior? _____

2. Describe your current relationship with Jesus Christ. _____

3. Describe your commitment to both church attendance and regular personal devotions? _____

4. Is there anything in your life that would harm your witness for Jesus either as a short-term missionary in Africa or as a representative of ZOE Ministry in the US? (If yes, please explain) _____

5. Why do you wish to participate in a mission trip to Zimbabwe? _____

6. Please indicate the type of mission in which you would like to participate (e.g. working with children and youth, medical, construction) _____

7. What particular skills/gifts do you have that you can contribute to the mission trip? _____

8. The mission may include some fairly rigorous activities in a hot climate and the hours are long. Full disclosure of all medical conditions is required. You must submit the medical information and release forms which can be printed from the following link: <http://www.umvim.org/medrel.pdf>.
(NOTE: A form needs to be filled out from your primary physician as well as any other doctor whose care you are currently under, e.g. orthopedist, psychiatrist, etc.)

9. Are you willing to serve as a representative of ZOE Ministry when you return home from the mission trip? This includes assisting ZOE to raise funds? _____

10. I (am) (am not) currently a monthly financial supporter of ZOE Ministry.

11. Are you willing to stay in accommodations that may be uncomfortable and unsanitary by our standards? This may include the absence of flush toilets and proper showers. Multiple people may need to share rooms. _____

12. Will you remain flexible, cooperative, and cheerful? _____

13. I agree to cooperate at all times with the team leader concerning our life together, including daily assignments, food, lodging, and transportation. I understand that for the team to function the authority of the leader must be held in high regard. _____

14. Will you abstain from alcohol and tobacco at all times while traveling with ZOE? _____

15. I understand that there are inherent dangers in foreign travel. I have read the current travel warning posted on the Department of State Website concerning the country (countries) to which I am traveling. (<http://www.state.gov/travel/>). _____

16. I realize that I am responsible for the full cost of my trip. This includes but is not limited to: Shots, passport, visa, SEJVIM registration and insurance, airline tickets, in country transportation, lodging, food, and drink. (Average \$2,500 - \$3,000) _____

17. I understand that the work of ZOE Ministry is often much more complicated on many levels (politically, economically, logistically) than it may seem. I recognize that I will see only a small portion of what is being done. _____

Signature _____ Date _____

. Previous mission trip experiences (foreign and domestic) include:

Location _____ Team Leader _____
Team leader's contact information: _____

Location _____ Team Leader _____
Team leader's contact information: _____

RECOMMENDATION

You will provide the names and addresses of five people as references. We will solicit the confidential responses of some of these five. The application will be considered only after these references have been received.

COMPLETED APPLICATIONS SHOULD BE SENT TO:

ZOE Ministry
143 Alan Lane
Clayton, NC 27520