

# M.A.D.I Missions Team Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Telephone (home) \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you have a passport?  Yes  No

**Making a Difference International**  
10526 62<sup>nd</sup> St. NE  
Albertville, MN 55301  
612.578.9461  
madinc.org



6. What weaknesses would you bring to the team?

7. Is there anything else we should know about you which would help us decide about you as a team member?

8. List your references: (you will need to give them a reference form)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

9. What allergies, illnesses, or other health problems do you have which could affect your performance on the team?

10. The total cost of the trip will be about \$3200. How do you propose financing your trip?

\_\_\_\_\_ Amount from your own contribution

\_\_\_\_\_ Amount from family

\_\_\_\_\_ Amount from fund-raisers/support letters

\_\_\_\_\_ Other sources (What are they?)

11. Have you ever been arrested for or convicted of a felony or misdemeanor, of child abuse, or anything involving actual or attempted molestation of a minor?  
If so, explain:

12. What languages (other than English) do you speak? (Rate your fluency:)

\_\_\_\_\_ beginner      casual      conversation      fluent

\_\_\_\_\_ beginner      casual      conversation      fluent

## PREPARATION AND COMMITMENT

A. Members of the Uganda Missions Team agree to:

1. Meet missions team requirements (as listed in team information description)
2. Place the Uganda missions team as a very high priority in life. Team meetings and prep sessions are mandatory.
3. Be interviewed by team leadership about this application.
4. Fully participate as a member of the Uganda Missions Team in fund-raisers.
5. Keep a journal while on the trip, describing what occurred and how God was seen and experienced.
6. Pay a non-refundable deposit of \_\_\_\_\_ by \_\_\_\_\_.

B. As part of "Uganda Missions Team", I realize that if chosen to be a part of the missions team, my attitude is critical to the success of the team. I would agree to:

- \* Live joyfully with a thousand inconveniences (Php. 4:12-13)
- \* Be a "Team player" - putting the interest of others before myself (Php. 2:3-4)
- \* Obey adult leadership (Rom 13:1-2)
- \* Have a positive attitude toward hard work (Php. 2:14-16)

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I understand the requirements for the "Uganda Missions Team", and if chosen to be part of the team, I will be a positive member, agreeing to abide by all its terms and requirements. I also certify that this application is completely true.

Signed \_\_\_\_\_ Date \_\_\_\_\_

For participants under age 18, Parental signature needed below

I (we) understand what is involved in our son/daughter being part of the "Uganda Missions Team". I (we) have read the team requirements. I (we) support our child's involvement, and will help do whatever necessary for him/her to be a part of the team.

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Office use only

- |   |   |
|---|---|
| <input type="checkbox"/> Application received (date): | <input type="checkbox"/> Deposit paid                 |
| <input type="checkbox"/> Reference 1 received (date): | <input type="checkbox"/> Waiver form received         |
| <input type="checkbox"/> Reference 2 received (date): | <input type="checkbox"/> Interview date:              |
| <input type="checkbox"/> Reference 3 received (date): | <input type="checkbox"/> Response letter sent (date): |
| <input type="checkbox"/> Background check complete    |   |

# Uganda Missions Plan

## REFERENCE FORM

This reference form is to be completed by a non-family member who knows you well. It is common courtesy to supply an addressed, stamped envelope to the person completing this form. (email version available) Address the envelope to: "Uganda Missions team " c/o Riverwood Covenant Church, 7189 69<sup>th</sup> Ave. N. Greenfield, MN. 55373 You are responsible to make sure it is returned to the church no later than **Sunday**, \_\_\_\_\_.

I hereby agree to waive my rights to see this form once it has been completed.

\_\_\_\_\_  
 Applicant's Signature Date

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This form must be completed and returned to "Uganda Missions team " c/o Riverwood Covenant Church, 7189 69<sup>th</sup> Ave. N. Greenfield, MN. 55373 by **Sunday**, \_\_\_\_\_.

1. What three qualities best describe this person?
  
  
  
2. Are there any weaknesses which may affect the applicant's ability to be an effective contributing member to an intensive and rigorous missions team experience?
  
  
  
3. How would you rate the in the following areas?

	<i>High</i>		<i>Average</i>		<i>Low</i>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical stamina/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any additional comments (use back side if necessary):

What is your relationship to applicant?

\_\_\_\_\_  
 Signature Date

Phone \_\_\_\_\_

Questions or comments about this application or this reference form should be directed to Keith Robinson at Riverwood Covenant Church 763.477.9126.