# Ukrainian Orthodox Church of the USA Appalachia Mission Charity Outreach July 2013- Application

Name:	
Home Street Address:	
PO Box- Apt #:	
City, State Zip	
Email:	
	Cell Phone:
2. If you are currently in school please p	rovide the following:
School Name:	
Your Address:	
City, Sate, Zip:	
Year expected to graduate:	
3. Parish Affiliation	
Are you an Orthodox Christian?	
lf not, please list your faith affiliation.	
Parish Name:	
Jurisdiction (if not UOC of USA):	
Priest Name:	(Blessing of priest or bishop is required)
Parish City:	
Priest Phone:	
Parish Phone:	
4. Employment / Volunteer Information	
Current Occupation:	
Employer:	

a. Have you ever participated in a Mission Trip? b. If so, please give details.

What other types of volunteer e	experience d	o you have?		
Do you have any familiarity with	h the Appala	chia Region? _	Yes	No If so, describe:
Construction Skills, Experier	nce			
Do you have any construction	experience o	r training?	Yes	No If so, please explain
Construction Skills - Please				
Skill	None	Little	Moderate	Advanced/Trained/Licensed
Carpentry				
Plumbing				
General Repairs				
Electrical				
Poofing				
Roofing				
Masonry				
-				
Masonry				
Masonry Sheetrock				
Masonry Sheetrock Painting	None	Little	Moderate	Advanced/Trained/Licensed
Masonry Sheetrock Painting  Tool Use Skill	None	Little	Moderate	Advanced/Trained/Licensed
Masonry Sheetrock Painting  Tool Use Skill  General (hammer, wrench,etc)				
Masonry Sheetrock Painting  Tool Use Skill  General (hammer, wrench,etc) Power Tools				
Masonry Sheetrock Painting  Tool Use Skill  General (hammer, wrench,etc)				
Masonry Sheetrock Painting  Tool Use Skill  General (hammer, wrench,etc) Power Tools	ols that you c	an provide?	Yes	No If so, what?

a. Ho	w would you describe your general health?
b. Age	e?
c. Mal	e / FemaleMF
d. Are	you able to lift / manage 40 # ?
e. Do	you have any illness or infirmity that may limit your activities?
	Diabetes:      Yes      No         Asthma:      Yes      No         Epilepsy:      Yes      No
	Diseases or Chronic Illness that might limit activities?:
f. Wor	kers in the region may have exposure to allergens and biting insects.
	De very berne ellerede en en ellettide etc.
	Do you have allergies or sensitivities to:
	Poison Ivy Aspirin Insects Penicillin Hay Fever Latex
	Poison Ivy Aspirin Insects Ibuprofen Bees Penicillin
Speci	Poison Ivy Aspirin Insects Ibuprofen Bees Penicillin Hay Fever Latex
	Poison Ivy Aspirin Insects Ibuprofen Bees Penicillin Hay Fever Latex  Other:

i. In the event of emergency, who should be contacted who has authority to authorize medical decisions?

١	lame(s):	Relationship:	
A	Address:		
F	Phones: Home, work, (cell) _		
7. Statement of	f Interest in Participation		
		would like to participate in this trip and what you fee prox. 100 words -not necessary for those on 2012 tri	
transportation m prior arrangeme	nay be available from St. Nich	(own car, with others, need assistance) Note: Limit olas Church in Greenwood, Va. to the Grundy, Va. a n to be in Grundy on Sunday night and stay through n.	area only with
,			
8. References: well who would July concerning	d recommend your participa	formation for your pastor and one reference who ation. Please inform the references that they will be	know you contacted in
Pastor: Name:			
Reference 1			
Name:			
Relationship: _		How Long?:	
Reference 2			
Name:			
		How Long?:	

# Acknowledgement, Release and Signature

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not choosing me for a volunteer position or for my discharge if I have already been chosen.

I also understand that my volunteering may be terminated, or any offer or acceptance of volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of the Team Project Manager or myself. I acknowledge that the use of alcohol or drugs during the course of this work will result in immediate removal from the mission team.

I understand that it will be my responsibility to raise \$350 in funds to cover my expenses for the week. (Note: In the event of financial hardship this may be waived.)

Nothing contained in this application or in any pre-volunteering communication is intended to or creates a contract between myself and the UOC of USA for either employment, volunteering or the providing of any benefit.

I HAVE READ AND UNDERSTAND THE ABOVE PRO	OVISIONS.	
Signature of Applicant:	Sign	nature Date:
Wa	aiver of Liability	
I am applying to take part as a volunteer for the Ukr sponsored by the Ukrainian Orthodox Church of the region may be primitive and that travel and work on personal valuables may be limited and that participa	e USA. July 7-12, 2013. I this mission trip will be s	I understand that living conditions in the strenuous. I recognize that security for
I will endeavor to work in such a way as to be respe protects the safety and wellbeing of all others.	ectful of all persons, and i	in particular, I pledge to work in a manner that
I hereby agree to hold harmless and release any of Church (Charlottesville, Virginia), Buchanan Neighb from the responsibility of any accident or mishap whany injuries that may I may sustain in the pursuit of further agree to indemnify, protect, save and hold hassigns of the Ukrainian Orthodox Church of the US Consistory Committee from any and all losses, incluresult of activities held during the week of the service	pors United, and any other nich may occur during the the above activities or du- armless the employees, SA and St. Nicholas Orthous uding but not limited to, of	er sponsoring organizations or individuals e week of the service and assume the risk for uring any transportation needed for myself. I volunteers, agents, officers successors and/or odox Church Ukrainian Orthodox Church damages, or injuries which might occur as a
Name	Signature	Date
. Note: Ministry partners in the region may also have	e their own liability waiver	forms to complete prior to the work.

# **Funding**

The funding for this project comes primarily from the participants themselves. Often, fund raising efforts can be conducted in the parish and locally, as a key element of garnering a broader support for the effort - effectively allowing others to participate materially and spiritually in the effort.

A sum of \$400 is requested of all participants to cover expenses for food, lodging, materials and incidentals. If you believe you may be unable to raise these funds, please contact Fr. Robert Holet at St. Nicholas parish about ways that we may work things out. Further information about the disposition of funds will be sent when the application is approved.

### Follow Up to this Application

Upon completion of this application, if you can Email a copy please do so. Otherwise send an Email informing the Team of your application to <a href="mailto:appalachia@uocusa.net">appalachia@uocusa.net</a> and mail the application to:

### St. Nicholas Orthodox Church, Attn Charitable Works, P. O. Box 6981, Charlottesville Va 22906

Deadline for application is May 21, 2012. You will be contacted by Application Review Committee regarding the information. As the number of participants is limited, there is no guarantee that an applicant will be approved. Nevertheless we are greatly appreciative of your interest not only in this mission trip, but in your desire to be a participant in the Lord's holy work in care for others through His Holy Orthodox Church. Please pray for the wellbeing of all involved in this project, especially those we are called to serve. May God bless your good intention.