

UMVIM TEAM LEADER APPLICATION

Name _____ Church of membership _____
Address _____ Phone _____ Fax _____
City _____ State _____ Zip _____
E-mail _____

Name and location of UMVIM Project for which you are applying to be a team leader:

Dates you would like to lead a team _____

TRAINING / EXPERIENCE:

1. Team Leader Training: Date _____ Place _____
Date of Safe Sanctuaries Certification (if applicable): _____
Are you willing to submit to a background check? ___Yes ___No
2. List teams of which you have been team leader:
Date _____ Site _____ Country or US state _____

3. If you have not been a Volunteers In Mission team leader, please list Volunteers In Mission teams in which you have participated as a team member:
Date _____ Site _____ Country or US state _____

4. Other UMVIM activities or information:

The information in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give to UMVIM any information that they may have regarding my character and fitness for Volunteers In Mission work. I release all such references from liability for any damage that may result from furnishing such evaluations and I waive any right that I may have to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by United Methodist Volunteers In Mission policies.

Applicant's signature _____ Date _____

The outreach committee of the church and/or the church pastor has approved this applicant as an UMVIM team leader.

Chair of outreach committee

Pastor's signature

Date

Thank you for applying to be a Volunteers In Mission Team Leader. Please have the reference forms filled out by your pastor, your mission chairperson, and one other person. Please send this form to your church outreach committee or your conference UMVIM as appropriate.