



**United Methodist Volunteers In Mission  
Southeastern Jurisdiction Office of Coordination**

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**APPLICATION FOR SOUTHEASTERN JURISDICTION SPONSORED TEAMS**

Thank you for your inquiry about the United Methodist Volunteers In Mission program and for your interest in serving the church through this avenue. Volunteers who serve with us do so with the understanding that each team leader in conjunction with the team members are responsible for the expenses of his or her own travel, living and personal expenses, as well as helping raise funds for the projects they assist.

Please complete the following and mail it to the above address with a deposit of \$100 (to be credited towards the total cost of your service with team). This information will be shared with the Team Leader of your preferred team. Your application will be considered on the basis of current opportunities for volunteers and you will be contacted by the team leader upon receipt of your completed application and registration fee. Information will be provided to you as to the required team orientation activities.

**PERSONAL DATA**

Name \_\_\_\_\_ Passport Number \_\_\_\_\_

Present Address \_\_\_\_\_ Date of Expiration \_\_\_\_\_

\_\_\_\_\_ Home phone \_\_\_\_\_

Email \_\_\_\_\_ Work phone \_\_\_\_\_

Permanent address \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Permanent home phone \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Place of birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Ethnic Identity \_\_\_\_\_ Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Church Membership \_\_\_\_\_ / \_\_\_\_\_  
Denomination Home church

Church Address \_\_\_\_\_ Name of Pastor \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Annual Conference (UMC) \_\_\_\_\_

Languages you speak other than English \_\_\_\_\_

\_\_\_\_\_ fluent \_\_\_\_\_ functional \_\_\_\_\_ beginner

Have you had previous volunteer experience \_\_\_\_\_ Describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to live and work under conditions that may be uncomfortable, unfamiliar, and require your flexibility and understanding, with respect for the local culture and local church leadership? Yes \_\_\_\_ No \_\_\_\_

Do you have any reservations about working under the direction of leaders of another race, religion, nationality, or culture?

Explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any physical limitations? Yes \_\_\_\_\_ No \_\_\_\_\_ Describe: \_\_\_\_\_

**PLACEMENT INTEREST**

Skills you can share (Examples: carpentry, plumbing, other construction, sewing, teaching, medical work, office work, legal help, farming, mechanical work, etc. List in order of proficiency and use these abbreviations: P=professional; E=experienced; L=learner.)

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

Sponsored Team preferences:

U.S. state or region 1. \_\_\_\_\_ 2. \_\_\_\_\_

International (Country) 1. \_\_\_\_\_ 2. \_\_\_\_\_

Briefly describe your motivation for becoming a Volunteer In Mission \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you expect this experience to benefit you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How do you expect to share your experience with others upon you return? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person(s) to notify in case of an emergency: \_\_\_\_\_

Name(s)

Street

city

state

zip

phone – day

phone – night

Hobbies: \_\_\_\_\_

**Note: A non-refundable Deposit of \$100 per person must accompany this application. Make checks to UMVIM, SEJ. This deposit will be credited towards the total cost of your service with an UMVIM team.**

Date \_\_\_\_\_

Signature of candidate \_\_\_\_\_