

The Wesley Foundation Mission/Immersion Trip: Honduras 2017

We appreciate your interest in our organization's Mission Trip. Please complete the application as fully as possible. The Wesley Foundation provides equal opportunity to all qualified students regardless of race, color, religion, age, genetics, sex, sexual orientation, gender identity, national origin, disability, veteran status or other classification protected by law. To be considered as an applicant, you must be able to attend important mission meetings, fundraise, and be willing to serve within a Christian community.

School:

Date of application:

Deadline for this Application is Friday February 10th 11:59 EST. Send applications to wesleyfoundationhu@gmail.com. Incomplete applications will not be accepted.

For inquiries please email abrown@asburyumcdc.org.

Personal Data

Last Name:

First Name:

Middle Initial:

Address:

City:

State:

Zip:

Home Telephone: ()

SSN: --- ---

Email:

Are you able to travel out of The United States?

Yes No

Are you willing to fundraise to support yourself and others?

Yes No

Travel Experience

Are you willing to travel in a group setting?

Yes No

Do you speak another language?

Yes No If so, please list:

Are you able to walk at least two miles and able to carry your own bags?

Yes No

Education

	High School				Business/Technical School				College				Graduate School			
School name and location																
Years completed	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
Diploma/Degree																

Activities & Offices

List professional, volunteer, or student organizations, and offices held.

Work & Volunteer Experience

List the last three positions you have held beginning with the most recent, or all the positions held in the last three years. If you do not have enough space, you may give more complete and detailed information on additional pages. Accuracy of dates and addresses is essential.

Present or Last Employer		Description of Work			
Address					
Position		Reason for Leaving			
Dates of Employment	From: To:	Starting Salary	Final Salary	Supervisor's Name and Title	Telephone No.
Present or Last Employer		Description of Work			
Address					
Position		Reason for Leaving			
Dates of Employment	From: To:	Starting Salary	Final Salary	Supervisor's Name and Title	Telephone No.
Present or Last Employer		Description of Work			
Address					
Position		Reason for Leaving			
Dates of Employment	From: To:	Starting Salary	Final Salary	Supervisor's Name and Title	Telephone No.

Do you have any commitments to an employer or organization which might affect you attending our Mission Trip? Yes No
 If yes, please explain:

References Give name, address and telephone number of three references who are not related to you. (i.e. pastor, mentor, teacher, supervisor)

- 1.
- 2.
- 3.

Applicant's Certification and Agreement

I certified that this information is accurate to the best of my knowledge. I certify that I did not falsify any information in this application.

Signature of Applicant:

Date:

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CONSUMER REPORT FOR EMPLOYMENT PURPOSES

I hereby authorize The Wesley Foundation at Howard University to obtain a criminal records search from a consumer reporting agency for selection purposes only. I agree to disclose any administrative, criminal or civil findings made by any government jurisdiction.

I also authorize The Wesley Foundation at Howard to perform a criminal records search. I understand that The Wesley Foundation at Howard does not guarantee the accuracy or timeliness of the information obtained from other sources and that The Wesley Foundation at Howard will not be liable for any inaccuracy in the information obtained from other sources.

Signature of Applicant: _____ Date: _____

FOR INTERNAL USE ONLY

Account Number: _____

Name (Please Print): _____

Current Address: _____

Social Security Number: _____

Birth Date: _____

Self-Identification of Disability

Why are you being asked to complete this form?

Completing this form is voluntary, but we hope that you will choose to fill it out. Any answer you give will be kept private. This information will help us ensure that we provide to the best of our ability, medical safety for our student travelers.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Name of Primary Care Physician:

Telephone:

Current Medications (both prescription and over the counter medications):

List any allergies (food, medicine, environment, insects, etc):

....continued:

List any sleeping conditions you have (snoring, insomnia, etc.):

....continued:

QUESTIONS

To be completed on a separate sheet of paper

PART A.

NOTE: Please limit your response to 300 - 500 words per question.

1. What would you like to gain from this mission/immersion trip?
2. How would others describe your personality, give an example of how this description is true?
3. Explain a situation that best describe you helping others?

PART B.

How do you believe you live out your faith, and how will a Mission trip support that? **(500 -1000 words)**