



**APPLICATION for the 2008 WOMEN'S MISSION AND MINISTRY MARKETPLACE TEAM  
to UPTOWN BAPTIST CHURCH in CHICAGO — July 26-31, 2008**

Return to: WMU, P.O. Box 19247,  
Springfield, IL 62794-9247

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Pastor) \_\_\_\_\_  
 Church \_\_\_\_\_ Association \_\_\_\_\_  
 E-mail \_\_\_\_\_

**The cost is \$225 and includes lodging at the Chicago Motor Lodge and some team expenses.**  
 Application and first \$100 payment due by **May 15, 2008**; second \$125 payment due **June 15, 2008**.

**Personal Testimony** (Please use the back of this form or a separate page to write your personal testimony.)  
 Briefly describe your Christian experience including:

- a description of your life before you became a Christian,
- what made you want to become a Christian,
- how you became a Christian, and
- what being a Christian means to you.

You will be working alongside the Adult Women's Team. We want to match your assignment with your experience and/or areas of interest. Please rate your abilities and preferences in the following areas:

	EXPERIENCE			INTEREST				EXPERIENCE			INTEREST		
	None	Some	Lots	High	Some	Low		None	Some	Lots	High	Some	Low
Cooking (large group)							Health Care						
Decorating							Literacy						
Painting							Prison Ministry						
Sewing							Migrants						
Lead Singing							Backyard Bible						
Play Piano							Day Camps						
Sing Solo							VBS						
Clowning							Other:						
Puppets													
Drama/Skits													
Teaching													
Lead Bible Study													
Lead Prayer Group													
Lead Devotionals							Languages:						
Child Care													
Adult Care													
Office Skills							Surveying						
Job Skills (teach)							Work with:						
Video							Pre-School						
Fellowship Games							Children						
Crafts:							Youth						
							Adults						

**We would like to know more about you. Please tell us about:** (Use a the back of this form or a separate sheet if needed.)

- How you are currently involved in your church:
  
- Leadership roles you have in your church:
  
- How you are currently involved in your church:
  
- Leadership roles you have in your school:
  
- Volunteer projects (community, mission trips, etc.) in which you have participated:
  
- Any restrictions that might hinder your effectiveness as a team member:

**If you are accepted to serve on this team you will need to be prepared to follow these guidelines:**

- Prepare assignments given by the team leader and meet appropriate deadlines.
- Provide own expenses including transportation, lodging, food, training, supplies.
- Participate and share responsibilities in ALL activities, arriving and departing on the day and time specified. Everyone is expected to assist others on team as needed.
- Cooperate with team guidelines (i.e., appropriate dress code, positive attitude, building and strengthening lifestyle witnessing relationships).
- Meet payment schedule
- Attend a pre-trip orientation and training day (TBA)

*If you are accepted to serve on this team and you are unable to serve, written notification must be submitted one month before the assignment date for a full refund; and two weeks before the assignment date for half refund. After that no fee will be returned.*

*By accepting appointment, I commit myself to fulfill the assignments for this mission service including personal dedication, team cooperation, and meeting appropriate payment and assignment deadline obligations.*

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

**EMERGENCY CONTACT INFORMATION AND CONSENT**

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

I give my consent for \_\_\_\_\_ to participate in this Missions Marketplace trip.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

**REFERENCES:** Please list the names, addresses, telephone numbers, and email addresses of persons who are qualified and willing to provide information about you. *PLEASE DO NOT USE RELATIVES AS REFERENCES.*

Pastor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_