

Priority 1 Ministries
International Winter Outreach Teams

APPLICATION CHECKLIST

1. Complete your application form and mail to Priority 1 along with the following:
 - a) \$100.00 application fee in check or money order (US Funds or Equivalent)
Make checks payable to: Priority 1 Ministries (memo: Winter Outreach)
 - b) Parent's or legal guardian's signature on the application if you're under the age of 18.
 - c) A recent school, studio or other good quality photo of yourself.
 - d) MAIL TO:

Priority 1 Ministries
PO Box 226
Chambersburg PA 17201

Any questions call (717)264-7767 or email - office@priority1ministries.org

2. Write a Short Paper (1 side) that tells us about yourself, your relationship with the Lord Jesus Christ, and why you want to be a part of a Priority 1 Winter Outreach Team (can email this information to: office@priority1ministries.org) .

**YOUR APPLICATION WILL NOT BE PROCESSED UNTIL WE HAVE RECEIVED
ALL THE ITEMS LISTED ABOVE!!**

You will receive notice of acceptance to an outreach team along with other information and forms which must be filled out completely and returned to the Priority 1 office at least 2 weeks prior to team departure.

Please fill out the International Winter Outreach APPLICATION located on the next page (answer all questions completely).

Priority 1 Ministries - International Winter Outreach Application

Please print neatly.

Country/Trip: _____ Trip Date: _____

Legal Name _____ Age _____ Male _____ Female _____

Street Address _____ S.S./ Soc. Ins.# _____

City _____ State/Prov. _____ Zip/Postal Code _____

Country _____ Daytime Phone (____) _____ Date of Birth _____

Height _____ Weight _____ Hair _____ Eyes _____ T-shirt size _____

State/Country of Birth _____ Citizenship: _____ U.S. _____ Canada

_____ Other - Country _____

Church Affiliation: _____ Pastor Name: _____

Church Address: _____

Have you ever used tobacco products? If so, explain? _____

Have you ever used other drugs or alcohol? If so, explain? _____

It is against Priority 1 policy for any team member or leader to use tobacco products or drugs, or drink alcoholic beverages of any kind while participating on an outreach team. Team testimony is most important.

Do you have skills in the following areas:

_____ Construction _____ Carpentry _____ Masonry _____ Electrical _____ Painting _____ Plumbing

_____ Musical Instruments What instruments? _____

What languages do you speak? _____ How many years? _____

Do you have any physical limitations that would hinder you from carrying your weight of responsibility as a team member? If yes, explain - use separate page, if necessary: _____

All information on this application is accurate to the best of my knowledge.

Team Member's Signature _____ Date _____

Due to circumstances beyond our control, each team location is subject to change in travel arrangements, work project or ministry prior to the team's arrival on the field. In the event of political upheaval, natural disaster, missionary or mission base related changes, a team may be canceled. If a team is canceled Priority 1 Ministries will work together with team members to reassign them to other available teams.

Please mail this form to:

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