

**Chapel of the Cross Volunteer Profile and Application
For 2008 Mission to Honduras and Possible Mission to Africa**

The Global Missions Committee is planning a mission trip to San Patricio, El Progreso, Honduras in May 2008. Volunteers will be aiding in the projects listed overleaf. No specific skills are required, but related skills and experience will be appreciated and helpful. Please indicate your interest in and availability for involvement in this or subsequent missions.

____ I am interested in going to Honduras for the mission.

____ I would like to sponsor the mission with a financial contribution of _____.

____ I am interested in participating in a prayer group for the mission.

____ I am able to provide support by helping others with Spanish.

____ I would be willing to help host visitors to COTC by representatives from the _____
Diocese of Honduras in late 2008 or 2009.

____ I am interested in a mission trip to South Africa/Botswana in the next 1-2 years.

VOLUNTEER NAME: _____

ADDRESS: _____

CITY

STATE

ZIP

EMAIL: _____

TELEPHONE: (H) _____ (W) _____ (CELL) _____

PROFESSION _____ EMPLOYER _____

IF YOU ARE INTERESTED IN THE MISSION TRIP TO SAN PATRICIO, PLEASE COMPLETE THE QUESTIONNAIRE ON THE OTHER SIDE. (All information will be kept confidential and seen only by the committee selecting volunteers.)

NAME: _____

INDICATE INTEREST OR EXPERIENCE IN THE FOLLOWING MISSION PROJECTS:

Construction: _____

Vacation Church School: _____

Sewing Classes: _____

Altar Guild/Liturgical Training: _____

Micro-Business Training: _____

Medical or Dental care: _____

DO YOU SPEAK SPANISH? _____. IF NOT, ARE YOU WILLING TO JOIN A SPANISH LANGUAGE STUDY GROUP? _____. IF YES, INDICATE LEVEL OF PROFICIENCY. _____.

LIST OTHER MISSION OR SIMILAR TRIPS IN WHICH YOU HAVE PARTICIPATED: _____

IN THE PAST FIVE YEARS HAVE YOU SPENT A WEEK OR MORE WITH NO AIR CONDITIONING IN TEMPERATURES OVER 85 DEGREES? _____. HIGH HUMIDITY? _____.

HAVE YOU WORKED ON A CONSTRUCTION SITE? _____. FOR HOW LONG? _____.

HAVE YOU HAD ANY MEDICAL TRAINING? _____. IF YES, WHAT TYPE? _____
_____.

HAVE YOU EVER HAD A HEART ATTACK, STROKE, DIABETES, EPILEPSY, OR TROPICAL DISEASES? PLEASE LIST: _____.

DO YOU HAVE ANY OTHER CHRONIC HEALTH PROBLEMS OR OTHER HEALTH CONCERNS? PLEASE LIST: _____.

ARE YOU A MEMBER OF CHAPEL OF THE CROSS? _____. OF ANOTHER
PARISH OR CONGREGATION? _____.

Thank you for your interest in Global Missions!