



NATIVE AMERICAN YOUTH MINISTRIES
PO Box 12291, Glendale, AZ 85318



Ministry Team Information

Greetings! We are thrilled and thankful that you are considering coming to work and minister on a reservation in Southwest USA.

A team:

- Is a group of 5-15 people who want to share God's love by personally serving. This includes sharing your faith and helping on building projects.
- Usually lasts a full week (at least 5 days of work time, 1 day visiting the area and 1 day travel to and from site).

Cost:

- Costs \$350.00 per person, which includes meals, lodging (rustic), and project money. Each participant is responsible for travel to the site, health and accident insurance. *(Please note: \$75.00 per person is due with the registration/commitment form, the balance of \$275.00 each is due **28 days** prior to your arrival in Phoenix).* You will receive a tax-deductible receipt. If you need to cancel, the deposit cannot be refunded, but can be transferred to another applicant.

Dress:

- Casual dress and work clothing for most of the time, church clothing should be simple, a dress shirt or polo shirt for the men, a skirt and blouse for the women. Some churches are more casual than others and women will be able to wear slacks. We ask that *all clothing be modest, longer lengths and higher necklines than "society" permits.* We will be watched, to see if Christians walk our talk. We want them to see Christ in us! ****Note, Bring a jacket and sweatshirt, even in the desert it can get cold at night!**

Other Considerations:

- No tobacco, alcohol, or illegal chemical use is permitted at any time on a ministry outreach.
- Language should always be a blessing to those around us.
- Be prayed up! **All ministry team participants are required to have at least 12 persons who will uplift them daily in prayer.** If coming as a group, all participants are to meet together for prayer at least 6 times in the weeks before coming on the trip. Your unity will reflect a positive Christian witness. Remember, Satan would like to interrupt your coming. We will be praying for you as you are faced with difficult decisions regarding this trip!

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602-564-1891

Ministry Work Team Application/ Commitment Form

Name _____

Address _____

Phone # _____ Email _____

Age _____ Birthday _____
month/day Shirt size: S M L XL XXL

Church Affiliation _____ Church Phone _____

Church Address _____

Name of Pastor _____

Briefly describe your current relationship with Jesus Christ:

Briefly state reasons for wishing to minister to Native American's:

Do you have any food allergies? _____ Special dietary needs? _____

Do you have any physical limitations? _____ If so, what activities are you limited from? _____

Present employment _____ (optional)

Requested dates of ministry trip: _____

Indicate experience:

Experienced

Licensed

Electrical
Carpentry
Plumbing
Masonry
Roofing
Painting
Drywall finishing
Sewing
Singing/ Leading song services
Preaching
Medical (indicate what)
Other _____

Agreement:

I am committed to serving God by serving others. I acknowledge that different cultures do things differently than I am accustomed, but I will allow God to help me look past the differences and share His love with the Native American people. I will do all I can (with God's help) to portray His love and concern with those He puts me in contact with. I will commit to raising my prayer partners and attending the prayer and information sharing times prior to this ministry trip.

Signed _____ **Date** _____

Volunteer Liability Release

I, _____, understand that I am volunteering to work for Native Adult & Youth Ministries (NAYM) for the purpose of ministering to and serving the native American people, and agree to indemnify and hold harmless Native Adult & Youth Ministries, it's officers, directors, employees and volunteers against all damages, expenses, injuries and liabilities of any nature which may arise from my activities as a volunteer with Native Adult & Youth Ministries. I understand that as a volunteer, NAYM will not provide me with compensation, insurance, worker's compensation, or any other benefit of an employee.

I also give permission to NAYM to use for publicity any photos taken of me while I am serving God while on a NAYM ministry team.

I am over the age of 18 and my birth date is ___/___/___.

Signature _____ Date _____

Volunteer Name (please print) _____

Parental Release

In addition to the above waivers and releases, I, the parent/guardian of a volunteer under the age of eighteen years, do release and agree to indemnify and hold harmless NAYM, its officers, directors, employees, and volunteers from any and all liability or demands for personal injury, sickness or death, as well as property damage and expenses of any nature which may be incurred by my child as a volunteer or may arise from my child's activities while working for NAYM.

Parent/ Guardian signature: _____ Date _____

Parent/ Guardian Name (Please print): _____

Authorization – for ages 18 and over at time of service

I understand that because of the nature of the work as a voluntary missionary, a background check will be conducted prior to my time of service. Any adverse information will be first reported back to me. I can then choose to continue with application process or withdraw. If I stay said information will then be reported to the Board of directors. _____ (Initials)

There is a fee for the background check. I understand this fee will be added to my cost. This is acceptable to me and I willingly agree to abide by this request. _____ (initials)

I authorize investigation of all the statements in this application and certify that the information presented here is true, accurate and complete. Any falsification will be sufficient cause for disqualification or dismissal. _____ (Initials)

I certify by my signature that I am not awaiting trial for and have never been convicted of or admitted any crimes against children or adults. I understand that I will not be approved for volunteer service if any information is found to be otherwise.

Signature _____ Date _____

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MEDICAL RELEASE FORM

In case of injury or illness to my child and I am unable to be contacted; or in case of injury or illness to myself and I am unable to respond for medical attention, the staff or sponsors of the Native American Youth Ministries are authorized agents for the undersigned to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any licensed physician or surgeon on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all diagnosis, treatment or hospital care, which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

Participant's Name (Printed) _____

Social Security No. _____

Participant's signature _____

Date _____

Parent/guardian's signature _____

Relationship to Child _____

MEDICAL INFORMATION

Allergies _____ Allergic reactions _____

Current medication (including contacts) _____

Date of last Tetanus shot _____

Other information or instructions _____

IN CASE OF EMERGENCY, CALL:

Name _____ Phone _____ Relationship _____

If above cannot be contacted, call

Name _____ Phone _____ Relationship _____

NAME OF INSURANCE _____ Policy No. _____

Main Policy Holder Name _____

Insurance Co. Address: _____