

Dear Applicant:

Enclosed are items necessary for your participation in the VIMM trip: an Application form, a Standard of Conduct Agreement, and a Pastor's Recommendation form. Please complete or get each of these forms to the appropriate person along with the \$10 application fee and return to the VIMM office. If you do not have a pastor, it will be necessary for you to have two letters of personal recommendation written by a non-family member and returned directly to VIMM. In the letter, the person making the recommendation should describe his/her relationship with you. If you have been a VIMM team member within the past 12 months, please complete page 1 & 2 and any information that has changed since your last trip and a Standard of Conduct Agreement. A new Pastor's Recommendation form is not required.

You must have all materials returned to the VIMM office by the dates indicated. At that time, the team leader will review your application and evaluate your position on the team. If your application is approved, we will notify you with the cost of the trip and deadline for the payment. We will also notify you if you are not chosen for this team and sincerely hope that you will consider another VIMM trip.

The process of choosing the team is time consuming. You may wish to go ahead and start raising your funds for the trip now. If someone wishes to help pay for your trip, **checks must be made to VIMM in order for that person to receive a receipt.**



All payments are NON-REFUNDABLE and become the property of Volunteers in Medical Missions. Excess funds will be designated for the team member's future trip and must be used by the team member within 2 years.

A passport is required for all trips and generally takes 6-8 weeks to obtain. The cost is approximately \$97 and the passport is good for 10 years. **If you already have a passport, please check the expiration date. If it expires within 6 months from the departure date of the trip, please have it renewed.** Most countries require 6 months before expiration.

Because VIMM is an inter-denominational organization with team members coming from varied Christian backgrounds, it is imperative that each team member be tolerant of other's differences. I encourage you to look for the central doctrines of Christianity on which you can agree and not dwell on differences. Paul instructs believers in Ephesians 4:3 to make every effort to keep the unity of the Spirit through the bond of peace. For a mission trip to be successful, members must work as a team.

Please inquire about our policies regarding applicants under age 18 and extended stays (either going earlier or staying longer than the trip dates).

Thank you for your desire to serve God through medical missions. If I can be of any help to you, please email at kathyc@vimm.org or call 800-615-8695.

Sincerely,
Kathy Cater
Associate Director

Volunteers in Medical Missions
265 South Cove Rd
Seneca, SC 29672

800-615-8695

TEAM MEMBER APPLICATION

Space on the team is limited. Please return application PROMPLY.

Application fee of \$10.00 to be submitted with the application----1 fee per year if multiple trips.

The fee will be applied to the trip cost and is non-refundable.

Trip:_____ **Called First Name**_____

Cost is generally based on airfare from Atlanta, GA.

(If coming from a different city, the trip cost does not include your additional airfare to meet the team--- usually in Houston or Miami. You will be notified with the additional fare.)

Estimated Due Dates for Payment: A deposit of approximately ½ the trip cost will be due approximately 4 months prior to the trip. Full payment will be due approximately 3 months prior to the trip. The Trip Verification form in the Acceptance Package will have final cost and payment deadlines.



Payments are NON-REFUNDABLE and become the property of Volunteers in Medical Missions. Excess funds will be designated for the team member's future trip and must be used by the team member within 2 years. After that time the funds will be transferred into the VIMM Drug Fund.

Please list your reasons for wanting to be on this mission team.

(Use the back if needed.)

Non-medical areas in which you wish to work:

- Pharmacy Distributing Vitamins & Worm Medicine Crowd Control
 Documenting the Trip with Photography Documenting the Trip with an Essay

Evangelism:

- Puppets-you will need to provide Handing out tracts-will be provided
 Praying aloud with patients Sharing your testimony Singing

Your local newspaper: Name _____

Address _____

How did you hear about VIMM: __ VIMM web site, __ VIMM team member , Other _____

Please inquire about our policies regarding applicants under the age of 18 and requests for an extended stay (either going early or staying longer than the trip dates).

(If you have been a VIMM team member within the past 12 months, please complete this page & any information that has changed since your last trip.)

Name: _____ *Male* _____ *Female* _____

(Exactly as it appears on your passport.)

Title: Dr. _____ Mr. _____ Mrs. _____ Ms. _____ Rev. _____ Other _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ E-mail: _____

(If different.)

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Current Profession: _____ *Golf Shirt Size:* *S*_, *M*_, *L*_, *XL*_, *XXL*_

Place of Employment: _____

Address: _____

Passport Number _____ Passport Authority: _____ Expiration

Date: _____

IMPORTANT *Home Airport from which you will be flying:* _____

Marital Status: (Check one.) Single _____ Married _____ Widow(er) _____ Divorced _____

Spouse's name: _____

Your birth date: _____ City & State of birth: _____

Country of Citizenship: _____ Nationality: _____

Have you participated in a VIMM trip before? _____ Where _____ Date _____

Insurance: Every trip participant is enrolled by VIMM in a medical & life insurance plan specifically designed for short-term missionaries. Please provide the following information:

Name of beneficiary for life insurance purposes: _____

Relationship of beneficiary: _____

Do you have major medical health insurance? Yes _____ No _____

Name of insurance company: _____ Policy Number: _____

Do you have any physical or emotional disabilities that would affect your trip participation?

Yes _____ No _____ If yes, please describe: _____

Please see page 3.

Emergency Contacts

Name: _____ Relationship: _____

Daytime phone: () _____ - _____ Nighttime phone: () _____ - _____

Street Address: _____

Name: _____ Relationship: _____

Daytime phone :() _____ - _____ Nighttime phone: () _____ - _____

Street Address: _____

Education:

High School, College, Entrance Completion
Graduate Study date date Degree/hours Major/Minor

Are you fluent in any languages besides English? If so, what are they? _____

Are you a church member? Yes No

Name of Church: _____ Denomination _____

Your signature: _____ Date: _____

Please complete the Standard of Conduct Agreement and have your pastor complete the Pastor's Recommendation. 2 personal references may be submitted in lieu of the Pastor's Recommendation.

Volunteers in Medical Missions

Standards of Conduct Agreement

I understand that Volunteers in Medical Missions (VIMM) is a Christian, interdenominational medical ministry dedicated since 1986 to serving God by providing health and spiritual care to people in medically deprived areas around the world. We are committed to offer healing to the whole person, body, mind and spirit. We desire to use our medical and lay expertise to support the spiritual work of the local host group, thus adding credibility to the gospel.

I understand that the purpose of the VIMM team is to glorify God.

I understand that when I travel as a VIMM team member, I represent God, my country, and all other VIMM team members; therefore, I pledge to refrain from any behavior/clothing that might cast doubt on the Christian standards of VIMM or my fellow team members.

While on a VIMM trip, I will refrain from smoking, consumption of alcoholic beverages, or any behavior that is offensive to VIMM's in-country hosts or to another team member.

I understand that if my conduct does not comply with the appropriate standards of conduct as described above, I could be asked by my team leader to leave the team immediately and return home at my own expense.

Sign: _____

Date: _____

Please return to: Volunteers in Medical Missions

265 South Cove Rd

Seneca, SC 29672

Pastor Recommendation for Short-term Missionary

Name of missionary/team member _____

Trip location _____ Date _____

Information below to be completed by pastor.

Pastor's name _____

Name of church _____

Address _____

Phone (daytime) _____

The short-term missionary named above (please check appropriate responses):

is an active member of my church.

is equipped spiritually to participate in a VIMM missions trip.

has the endorsement of this church.

cannot be recommended for a mission trip at this time.

Please use the back of page to include more information, if necessary.

Pastor's signature _____ Date _____.

Return to: Volunteers in Medical Missions 265 South Cove Rd Seneca, SC 29672

Phone: 864-885-9023 Fax: 864-885-9411