

Application for:

Date of Birth: / /

(Please list date of trip)

Applicants under 18 require special approval



Sweet Sleep™

Volunteer Application

Please return completed application and covenants to Sweet Sleep via:

Email: stuart@sweetsleep.org **Fax:** 615.750.2789 **Phone:** (for questions) 615.730.7671

Mail: Sweet Sleep, Attn: Stuart McAlister, PO Box 157, Brentwood, TN 37024-0157

I. Contact Information

Name as appears on Passport	
Preferred Name	
Street Address	
City ST ZIP Code	
Mailing Address (if different)	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

II. Personal Information

Often a team member's job skills and work experience enable us to teach in specific areas.

Job Title	
Skills or concepts we might be able to use to teach those we are ministering to	

III. Special Skills or Qualifications

Summarize skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports:

IV. T-Shirts

Please list your T-Shirt size and the sizes of any additional T-shirts you'd like to purchase for friends, family members and prayer partners at \$15 each.

My T-shirt Size: __ S __ M __ L __ XL __ XXL
Number of additional T-shirts: (\$15 each) __ S __ M __ L __ XL __ XXL

V. Preparation Opportunities

All team members will be involved in all aspects of our on-the-field ministry. In preparation for our trip, we need help planning various aspects of ministry. Which areas you are interested in using your gifts to help coordinate the trip? (Select as many as you'd like.)

- Spiritual (prayer, devotions, scripture memory for team preparation)
- Worship Planning (speaking, drama, music, teaching, hands-on-experiences)
- Teacher/Staff Ministry (activities to refresh and encourage teachers and orphanage staff)
- Supplies (develop master list, manage collection and distribute and organize after arrival)
- Teaching (English, trafficking awareness and prevention, Other _____)
- Meeting Organizer (team building, agenda planning, team contact person)
- Communications (pre-trip communications, blogging, collect trip evaluations and summaries)
- Finance (maintain team expenses and balances)
- Hospitality (coordinate meeting refreshments, teacher luncheon, gifts for translators and host)
- Construction (designing plans, developing supply list, organizing workers, desire to be a laborer)
- Team Building (encouraging team members before, during and after the trip)
- Post-Mission Journey Report Team (gathering testimonies, recruiting people to share about their experience, and planning/hosting a post-journey report event)

VI. Person to Notify in Case of Emergency

Name/Relationship	
Street Address	
City ST ZIP Code	
Home Phone/Cell Phone	
Work Phone	
E-Mail Address	

VII. Medical Information

Health Insurance Company	
Name of Insured / Name of Insurance Beneficiary	
Policy Number	
Insurance Company Phone	
Primary Care Physician/ Phone No.	
Known Allergies	
Medications You Take (please attach separate sheet if you prefer) ** will be kept confidential **	

Physical Restrictions	
Date of last Tetanus (must be within 7 years)	

VIII. Covenant Submissions (Please sign and date each line)

With the submission of this application, I acknowledge I have read and agreed to the following covenants. I understand if I am accepted as a team member and do not honor these covenants I will be removed from the team or sent home from the trip.

Code of Conduct	
Attendance Covenant	
Payment Covenant	

IX. Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I commit to taking part in this Sweet Sleep mission journey and agree to all covenants as outlined in the application. I understand that my application will not be considered to be complete until I have submitted my deposit.

Name (printed)	
Signature and Date	

X. Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, national origin, gender, age, or disability. Applications will be reviewed by the Sweet Sleep Staff and Board of Directors. Each applicant will be notified by email of their acceptance.

Thank you for completing this application form and for your interest in serving with us.



Mission Journey Team Member

CODE OF CONDUCT COVENANT

Team members who participate in Sweet Sleep mission journeys are reminded that they are ambassadors of Jesus Christ (2 Cor 5:20). As you go on your mission journey, you represent Jesus Christ, Sweet Sleep, your church and the United States (if traveling overseas). This is a tremendous responsibility. For this reason, we ask that each team member seek to be above reproach in his/her actions and attitudes.

- Submit to the team leader's authority.
- Abstain from the consumption of alcoholic beverages or any use of tobacco or illegal drugs while on the trip.
- Be careful in all areas of dress. What may be acceptable in our community may not be acceptable in the community you are visiting. Please see your team leader for guidelines.
- No PDA (Public Display of Affection) between unmarried couples.
- Please do not pursue dating anyone in the community where we are ministering.
- Respect the decisions made for the benefit of the whole team and the ministry effort.

If a team member's behavior is destructive to the team, the ministry or the host community; the team leader reserves the right to ask the team member to return home. Any additional cost incurred as a result of this action will be at the team member's expense.

I have read this covenant and understand the guidelines set out above.

Signature

Date



Mission Journey Team Member

ATTENDANCE COVENANT

As you might imagine, there is a great deal of preparation and training ahead of the team. For this reason, all accepted members are expected to attend and be engaged in our preparation meetings.

Team preparation meetings will generally be held on Sunday afternoons, however we will always look to hold our meetings at a time when it is convenient for the majority of the team. You must personally attend the team meetings. If you believe you are going to miss a significant number of meetings, please evaluate your commitment to the team. You are encouraged to share your thoughts on this with the team. Planned absences should be communicated, in advance, directly to the team leader.

Additionally, the team may desire to create smaller, more specific planning groups. It is understood these additional meetings will also be set for the convenience of the planning group so that all may be able to attend.

Exceptions will be made for those not living in the Nashville area, but it is then the responsibility of the applicant to make arrangements with the team leader for how the applicant will contribute to the trip planning process.

This covenant is for the trip to: _____

Dates: _____

Each trip has different meeting requirements, depending on the specific goals of the trip and time prior to the trip departure.

The expected number of meetings for this trip is: 6 of which 1 absence(s) is/are allowable.

I commit to attend all meetings and contribute my gifts to the trip planning process. I understand my lack of attendance may lead to removal from the team. I agree to let my team leader know in advance if I am unable to attend any meetings.

Signature

Date



Mission Journey Team Member

PAYMENT COVENANT

Planning and organizing a mission trip to a Third World country is a logistically complicated and expensive process. Many expenses associated with the trip must be paid by Sweet Sleep weeks or even months in advance of the departure date. It is therefore important that team members make all installment payments by the specified dates. Payments are typically broken down into a \$500 deposit due with the trip application, three \$500 installments spread over a period of five to six weeks, and then a final balance payment due approximately one week prior to departure.

Team Member Cancellation And Additional Funds Raised

In the event that a team member must cancel their participation in the mission trip after having submitted an application and deposit, no portion of the deposit shall be refunded. Additionally, if the cancellation occurs after airline tickets have been purchased, the team member will be responsible for paying Sweet Sleep for any portion of the ticket that is non-refundable from the airline. To ensure that the entire team can travel into and out of the destination country together, airline tickets are purchased at the earliest possible opportunity after the team roster has been finalized. This typically occurs within two weeks of the application deadline.

Many Sweet Sleep mission journey team members raise donations from friends and family to offset the cost of Sweet Sleep taking volunteers on mission journeys. Any funds raised in excess of the individual team member's trip costs will not be refunded. Additionally, if the team member pays a portion of the trip cost personally and then raises fund in excess of the remaining balance, no refunds will be made to the team member. All excess funds will be applied to in-country ministry opportunities for your team.

This covenant is for the trip to: _____

Dates: _____

I understand I am responsible for making my payments on time so that tickets and resources can be secured for our trip. I also agree to the terms specified by Sweet Sleep regarding trip cancellation fees and excess funds raised.

Signature

Date



Mission Journey Team Member

Responsibility Release

The undersigned, based upon my application for and in contemplation of assignment for volunteer services with Sweet Sleep, do hereby state and agree as follows:

If I accept an assignment for volunteer services, then I wish to make clear my understanding and agreement that Sweet Sleep and each of their officers, directors, employees and agents (collectively referred to herein as "Releases"), do not assume any responsibility for any loss of property, damage to the same, personal harm, illness, loss or injury that I may suffer or endure; and I, for myself, my heirs, executors, administrators, distributes, and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve and release said "Releases", their officers, employees, or directors, agents and/or representatives, and hold them harmless from any claim or demand which I might conceivably assert upon the basis of the foregoing.

Dated this the _____ date of _____, 20__.

Print Name: _____

Signature: _____

Social Security Number: _____

Witnessed By: (this portion must be completed)

Print Name: _____

Signature: _____

Address: (City, State, Zip) _____

Date Witnessed: _____

In the event the above individual has not reached 18 years of ages as of the date hereof, the following parents/guardians of said minor do hereby agree and consent to the terms and provisions hereof individually and as parents/guardians for the minor.

(Both parents/guardians must sign.)

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

