

Application Form -- 2020

Nigeria (youth camp): August 16-August 23, 2020

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PERSONAL INFORMATION				
Applicant's name (print): Last	First	Middle	Attach	
Date of Birth:/	Sex: O Male	Sex: O Male O Female		
Hold valid passport? ○ Yes ○ No	Telephone number	: ()	Note: Application cannot	
E-mail:	be processed without			
Do you attend church regularly? ○ Yes ○ No			a recent photo	
Are you baptized? O Yes O No UCG Congregation:				
Pastor's name:	F	Pastor's phone: ()		
Shirt Size: O Small O Medium	○ Large ○ X-Large		Date of Photo:	
Have you served as a staff member at one or more United Youth Camps or Youth Corps? ○ Yes ○ No				
If yes, when, where & in what capacity?				

EDUCATION					
Highest degree attained	(High School Diploma, Asso	ociates, Bachelors, Mast	ers, etc.):		
Currently enrolled in a fo	ormal degree plan? O Yes	○ No If so, what &	where:		
SKILLS / EXPERIEN	NCE				
Please comment on any	particular athletic or other s	kills—please comment o	on level of proficie	ency (beginner, intermediate, expe	rt), as well:
SKILL	Proficiency	SKILL	Proficiency	, SKILL	Proficiency
Swimming	-	Computer Skills	<u> </u>	Spanish	
Volleyball		Teaching English		French	
Basketball		Rock Climbing		Other:	
First Aid/CPR		Soccer		Other:	
				-	
REFERENCES					
Please provide four refer	rences (including your pasto	r) who know you well:			
Name Phone			E-mail		
Pastor:					
#2					
#3					
#4					

TRAVEL EXPERIENCE				
Previous international travel is not a prerequisite for acceptance, but it helps us plan if we know your level of international travel experience. Please list any international travel you have done and describe when, where and how long you stayed.				
HEALTH HISTORY				
Check if you have had any of the follow	ving:			
□ Eyesight Impairment	☐ Mental or Emotional Disorders	☐ Intestinal Disorders	☐ Heart Disease	
□ Ear or Hearing Problem	☐ Chicken Pox	☐ Rheumatic Fever	□ Speech Impairment	
□ Severe Menstrual Pain	□ Measles	□ Hernia	☐ Disorders of Nervous System	
□ Arthritis	□ Mumps	☐ Hayfever or Astl	hma ☐ Sinusitis	
□ Diabetes	☐ German Measles	☐ Other Serious Allergies	☐ Disease of Kidneys	
□ Tuberculosis	☐ Abnormal Blood Pressure	$\hfill\Box$ Other Serious Illness or D	isability	

Immunizations – Fill in the dates for any of the following immunizations applicant has had.

Immunization	Date Last Received	Immunization	Date Last Received
Hepatitis A or immune globulin (IG)		Hepatitis B	
Typhoid		Rabies	
TD (tetanus-diphtheria)		Polio	
DPT		Yellow Fever	
Tetanus		Measles	
Chicken Pox		Smallpox	
Rubella			

NOTE: Certain immunizations are <u>required</u> by various countries for entry. You will be given more details on which ones are required for travel to the project you selected. Also, other medications (Malaria for example) will be highly recommended as well—depending on the country in which the project is based.

Are you taking any medication or receiving medic	al care for a particular con	dition on an ongoing basi	s? O Yes O No	
If yes, please explain (attach note if necessary):				
Please set forth (or elaborate on) any illness, disastate):	ability or any other conditio	n or limitation that could e	effect your participation	in the corps (if none, so
In order to participate would you need special acc	commodation(s) or equipm	nent? O Yes O No If	yes, please describe th	ose special needs.
CRIMINAL RECORD				
Have you ever been indicted, charged with or corneglect, sexual assault, rape or any other sex crir Yes □ No □			Date(s) of indictment(sconviction(s)	s), charge(s) or
Is any such criminal case currently pending against you or on appeal? Yes □ No □	If yes, what were you convicted of?			
CRIMINAL RECORD (cont'd)				
If convicted, penalties imposed				
CIVIL DECORD (Leverite)				
CIVIL RECORD (Lawsuits)				
Have you ever had a lawsuit filed or civil judgmen concerning intentional injury against others, your	= =		= -	Date(s) of suit(s)
Location(s) of case(s) Case number(s)				

Is any such civil case currently pending against you or on appeal? Yes □ No □	If a judgment was entered against you, state its requirements.			
INSURANCE				
The Church's no fault accident insurance is limite medical and insurance coverage information:	ed (\$10,000 per person) and	secondary to any other collectible insurance. Please furnish the following		
Insurance Company:		Policy or Group #		
Type of coverage(s): Social Security Number of policy holder or insurance ID number:				
Family Physician:		Physician's Phone # ()		
SPECIAL EXPERIENCE or ABILITIES				
In your own words, explain any special skills or a	abilities you can bring to the p	roject.		
REASON FOR APPLYING				
In your own words, explain why you want to part	icipate in this project:			

Applicant's Signature:		
Applicant's Signature:		

Agreement and Release			
not limited to: No possession or use of toba or refusal to cooperate fully with the project appropriate clothing) will not be allowed. Fir project director. Participants who do not cor environment and objectives of the project, of	cco, or illegal drugs, no sexual misconduct, theft, dis staff. Short shorts, midriffs, halter-tops, or wearing r	atement in this application are subject to being	
Church of God, an International Association individual or group), taken of the applicant Church related activities, together with any Said picture(s) may be used, without limitar	n ("Church") or anyone authorized by them, of any p at any United Youth Corps project or its related acti caption or descriptive material, including the indivic	vities (including travel), or if taken during any other dual's name, without compensation to the undersigned, in "Festival" or other videos or promotions created by	
agree with its implications and the stated or good health and able to participate (or will be the project(s) marked on the front. In consideration of the sue the United Church of God, an Interpretation of the sue the United Church of God, an Interpretation of the sue the United Church of God, an Interpretation of the substance	be able to participate with the accommodation(s) desideration being allowed to participate, I hereby release ternational Association, their officers, Council of Eldwely called the "Church") from all actions, claims, decurse of, participation or attendance at the project, covered by the Church's liability and no fault accide you have your own insurance protection since participation and quite limited (\$10,000 per person). Inteer without any expectation of compensation and no, without limitation, travel expenses, clothing, meaning the service of the participation of the service of the s	in this application is true and complete and that I am in scribed above) in the expected activities and routine for se, indemnify, save and hold harmless and covenant lers, agents, employees, volunteers and helpers and emands or suits which are based upon, or result from	
X	Date	<u>.</u>	
Applicant			
Who should be contacted in	n case of emergency?		
Name/Relation (print)	Phone & Type (home, work, cell, etc)	Alt. Phone & Type (home, work, cell, etc.)	
Name/Relation (print)	Phone & Type (home, work, cell, etc)	Alt. Phone & Type (home, work, cell, etc.)	

applying for UYC service): United Church of God / United Youth Corps has taken precaut advice given prior to the trip. I hereby release, indemnify, say International Association, their officers, Council of Elders, again collectively called the "Church") from all actions, claims, demonstrated by the Church's liability and no fault accident insurar you have your own insurance protection since participants are secondary and quite limited (\$10,000 per person). I understate volunteer without any expectation of compensation and that I	http://travel.state.gov and read the "Travel Warning" for (country in which I am, and understand the risks that travel in this country might entail. I realize that the utions to address reasonable security or health concerns through the training and we and hold harmless and covenant not to sue the United Church of God, an ents, employees, volunteers and helpers and any other related entity (hereinafter ands or suits which are based upon, or result from injuries sustained arising out of, or in if caused by the Church's negligence. This release, however, shall not apply to claims note, but is applicable to claims not covered by that insurance. It is recommended that the involved in activities at their own risk, and the Church's no fault accident coverage is not (unless otherwise specifically stated in the project description) that I will be a limit be responsible for all the expenses related to the project for which I am accepted and lodging. I will be responsible for complying with any passport and visa requirement
XApplicant	Date

TRAVEL WAVER

Send the completed application before the deadline date to:

Lena_VanAusdle@ucg.org

Deadline: April 19, 2020



Youth Camp in Nigeria Fact Sheet

United Youth Corps is seeking four volunteers, two men and two women, to serve as staff members at the United Youth Camp to be held in Lagos, Nigeria from August 16-23, 2020. Travel buffers and minor sightseeing, before and after camp, will add approximately five days to the visit.

These must be spiritually focused individuals who display Christian living and leadership principles, both by word and example. These participants must have a good grasp on what creating "The Zone" for godly growth is all about. They will be responsible for organizing and implementing camper activities that will provide a skillset or specific lesson to be learned. These volunteers must be patient, self-motivated and hard working. They must work well with others in a team setting and be able to endure minor hardships without complaint. Participants must be in relatively good health.

This program will benefit the youth of Nigeria, as it will connect them with dedicated young adults in God's church who display an attitude of service and care for others. The Nigerian young adults who serve as staff will also benefit from the relationships built with the United Youth Corps volunteers. Ultimately, the local congregations will benefit from the lessons each camper brings home with them from camp.

In turn, the United Youth Corps volunteers will gain a deeper understanding into the value of service to others. They will experience the education of international travel, and see how God's people live in Nigeria. They will learn valuable spiritual lessons that can then be shared in their local congregations.

Personal expenses to participants:

- Immunizations (Yellow Fever required) plus anti malaria meds: Approx. \$250.
- Nigeria Visa Application Fee: \$200.
- Any costs associated with obtaining a passport.
- At least 50% airfare

Good Works will provide 50% airfare, housing, on-ground transportation, and meal costs outside of camp.

Apply at https://www.ucg.org/members/outreach/good-works
For further information please contact Lena VanAusdle@ucg.org