



United Youth Corps

United Church of God, an International Association

Application Form 2017

Check the box for the project in which you wish to participate:

- Ghana** (August 13-20, 2017)
 Malawi (August 13-20, 2017)
 Caribbean (July 30–August 3, 2017)
 Chile (July 30–August 3, 2017)

GENERAL INSTRUCTIONS: Be sure to review the *Project Fact Sheet*, including dates, exact locations, fees, and where to send applications.

PERSONAL INFORMATION

Applicant's name (print):	Last	First	Middle	2" x 2" Photo (For electronic version, click this box to attach applicant's photo.) Note: Application cannot be processed without a recent photo
Date of Birth (mm/dd/yyyy):	Sex: <input type="radio"/> Male <input type="radio"/> Female			
Hold valid passport? <input type="radio"/> Yes <input type="radio"/> No	Telephone number: ()			
E-mail (print clearly):				
Do you attend church regularly? <input type="radio"/> Yes <input type="radio"/> No				
Are you baptized? <input type="radio"/> Yes <input type="radio"/> No	UCG Congregation:			
Pastor's name:	Pastor's phone: ()			
Shirt Size: <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> 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, Associate's, Bachelor's, Master's, etc.):

Currently enrolled in a formal degree plan? Yes No If so, what & where:

Have you studied any foreign languages? Yes No If so, which one(s) & describe experience/proficiency to read, write, and speak:

SKILLS / EXPERIENCE

Please indicate any particular athletic or other skills—please comment on level of proficiency as well:

SKILL	Proficiency	SKILL	Proficiency	SKILL	Proficiency
Swimming		Computer Skills		Other: _____	
Volleyball		Teaching English		Other: _____	
Basketball		Rock Climbing		Other: _____	
First Aid/CPR		Soccer		Other: _____	

REFERENCES

Please provide four references (including your pastor) 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 following:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Eyesight Impairment | <input type="checkbox"/> Mental or Emotional Disorders | <input type="checkbox"/> Intestinal Disorders | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Ear or Hearing Problem | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Severe Menstrual Pain | <input type="checkbox"/> Measles | <input type="checkbox"/> Hernia | <input type="checkbox"/> Disorders of Nervous System |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Hayfever or Asthma | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> German Measles | <input type="checkbox"/> Other Serious Allergies | <input type="checkbox"/> Disease of Kidneys |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Abnormal Blood Pressure | <input type="checkbox"/> Other Serious Illness or Disability: _____ | |

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

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

NOTE: Certain immunizations are **required** 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 (for 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 medical care for a particular condition on an ongoing basis? Yes No

If yes, please explain (attach note if necessary):

Please set forth (or elaborate on) any illness, disability or any other condition or limitation that could affect your participation in the corps (if none, so state):

In order to participate would you need special accommodation(s) or equipment? Yes No If yes, please describe those special needs:

CRIMINAL RECORD

Have you ever been indicted, charged with or convicted of child abuse, child molestation, child neglect, sexual assault, rape or any other sex crimes, drug crimes, violent crimes or any felonies?

Date(s) of indictment(s), charge(s) or conviction(s):

Yes No

Is any such criminal case currently pending against you or on appeal? Yes No

If yes, what were you convicted of?

If convicted, penalties imposed:

CIVIL RECORD (Lawsuits)

Have you ever had a lawsuit filed or civil judgment entered against you, or is there a pending complaint against you concerning intentional injury against others, your treatment of minors or any other unchristian behavior? Yes No

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 limited (\$10,000 per person) and secondary to any other collectible insurance. Please furnish the following medical and insurance coverage information:

Insurance Company: _____ Policy or Group # _____

Type of coverage(s): _____ Is overseas travel covered? Yes No

Social Security Number of policy holder or insurance ID number: _____ Insurance Phone # (____) _____

Family Physician: _____ Physician's Phone # (____) _____

SPECIAL EXPERIENCE or ABILITIES

In your own words, explain any special skills or abilities you can bring to the project:

REASON FOR APPLYING

In your own words, explain why you want to participate in this project:

TRAVEL WAIVER

I have logged onto the U.S. Department of State's Web site at <http://travel.state.gov> and read the "Travel Warning" for (*country in which I am applying for UYC service*): _____, and understand the risks that travel in this country might entail. I realize that the United Church of God / United Youth Corps has taken precautions to address reasonable security or health concerns through the training and advice given prior to the trip. I hereby release, indemnify, save and hold harmless and covenant not to sue the United Church of God, *an International Association*, their officers, Council of Elders, agents, employees, volunteers and helpers and any other related entity (hereinafter collectively called the "Church") from all actions, claims, demands or suits which are based upon, or result from injuries sustained arising out of, or in the course of, participation or attendance at the project, even if caused by the Church's negligence. This release, however, shall not apply to claims covered by the Church's liability and no-fault accident insurance, but is applicable to claims not covered by that insurance. *It is recommended that you have your own insurance protection* since participants are involved in activities at their own risk, and the Church's no-fault accident coverage is secondary and quite limited (\$10,000 per person). I understand (unless otherwise specifically stated in the project description) that I will be a volunteer without any expectation of compensation and that I will be responsible for all the expenses related to the project for which I am accepted including, without limitation, travel expenses, clothing, meals and lodging. I will be responsible for complying with any passport and visa requirement of the country where I am to serve.

X _____
Applicant

Date _____

Send the completed application before the deadline date to:

Lena_VanAusdle@ucg.org

Deadline: April 21, 2017