

## Most Holy Trinity Church 2017 Mission Trip Application



**Mission Possible is Most Holy Trinity Church's *mission ministry* to serve those in need. The 2017 team travels to Ocean County, New Jersey from August 13<sup>th</sup> to August 17<sup>th</sup> to help rebuild home destroyed from Hurricane Sandy and in partnership with St. Bernard's Project, a disaster relief organization. Each volunteer interested in participating in the onsite mission team is required to complete this form and return to the Rectory by 4/28. Each interested volunteer will be invited to a Question & Answer meeting in May.**

<b>Volunteer Name</b>	
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**Contact Information**

Full Name	
Street Address	
City, State, ZIP Code	
Home Phone / Cell	
E-Mail Address	
Shirt Size	S      M      L      XL      2XL      Other_____

**Interests - Tell us in which areas you are interested in volunteering**

\_\_\_ **Events & Fundraising Committee** - Are you good with people? Love to talk? Love to help? This is the committee for you to help create & support events to raise money for the trip, help to shop / solicit for in kind donations of supplies, help plan, setup and run fun events to raise money.

\_\_\_ **Mission Trip Participant** - Yes, I want to apply to attend the trip from August 13, 2017 to August 17<sup>th</sup>, 2017 and work onsite with the Mission team. I understand that I am responsible to make arrangements for personal time for this trip.

**Please complete the section below if you are over 18 years old and interested in traveling:**

<input type="checkbox"/>	Yes, I am over 18 years of age and have permission and medical clearance to travel to New Jersey.
<input type="checkbox"/>	Yes, I agree to pay \$100 non- refundable participant fee <b>by April 28<sup>th</sup>, 2017</b> to secure a spot, which includes transportation to and from Church, meals, equipment and t-shirt.
<input type="checkbox"/>	Yes, I have completed or agree to complete the Archdiocese of Hartford's Virtus Training and Background Check by July 31 <sup>st</sup> .

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that 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.

<b>Name (printed)</b>	
<b>Signature</b>	
<b>Date</b>	

**Our Policy**

Please return this form & \$100 fee in the Mass Offertory basket by *April 28, 2017*, Email: [church@mhtwallingford.org](mailto:church@mhtwallingford.org)  
 Fax – (203) 269-0880 or Mail to Rectory, 68 North Colony Rd, Wallingford, CT 06492.