

ALUMNI

Priority 1 Ministries
INTERNATIONAL SUMMER OUTREACH
APPLICATION CHECKLIST

We're excited to have you back! Complete your application form and mail it to Priority 1 with the following:

1) \$50.00 application fee in check or money order (US Funds or equivalent)

Make check payable to:

Priority 1 Ministries (memo: Summer Outreach)

2) Write a short essay (about one page) that answers the following questions:

a) Why do you want to go on another outreach trip with Priority 1?

b) What did you learn from your previous trip about yourself? About God?
About missions?

c) What, if anything, would you like to do differently this time?

3) **MAIL TO: Priority 1 Ministries**

Summer Outreach Teams

Box 226

Chambersburg, PA 17201

PHONE: 717-264-7767 or 717-414-0579

EMAIL: office@priority1ministries.org

**YOUR APPLICATION WILL NOT BE PROCESSED UNTIL WE HAVE RECEIVED
ALL THE ITEMS LISTED ABOVE!!**

INTERNATIONAL SUMMER OUTREACH APPLICATION

Full Name _____ Current age _____

Name (as you wish to be called) _____ Male Female

Teams are filled on a first come, first served basis. Please indicate your choice below:

1st choice _____ 2nd choice _____ 3rd choice _____

Which previous team(s) were you a member of? TEAM/YEAR _____

TEAM/YEAR _____

Email (please write neatly!): _____

Street Address _____

City _____ State/Prov. _____ Zip/Postal code _____

Country _____ Citizenship: U.S. Canada Other

Soc. Sec. or Soc. Ins. # _____

Home Phone (____) _____ Cell Phone (____) _____

Height _____ Weight _____ Hair _____ Eyes _____ Tshirt size _____

Date of Birth ____/____/____ State or Prov. Born _____

Current school _____

Church where you attend _____

Father's Legal Name _____ Phone (____) _____

(or legal guardian)

Mother's Legal Name _____ Phone (____) _____

I have skills or experience in the following areas:

Singing Children's Ministry Puppets Drama/Mime Sports Musical Instruments

Which instruments? _____

Foreign languages spoken/# of years _____

Do you have any physical conditions or limitations that will prevent you from participating fully in the activities of your team (including carrying your own luggage)? _____

Have you ever used tobacco products, illegal drugs, or alcoholic beverages? If yes, explain. _____

It is against Priority 1 policy for any team member or leader to use tobacco products, or drugs, or drink alcoholic beverages of any kind while participating on a Priority 1 team. Team testimony is of utmost importance.

All information on this application is accurate to the best of my knowledge.

Team Member's Signature _____ Date _____

Parent/Guardian's Signature (if under 18) _____

Relationship _____

Due to circumstances beyond our control, each team location is subject to change in travel arrangements, work project, or ministry prior to the team's arrival on the field. In the event of political upheaval, natural disaster, missionary or mission base related changes, a team may be canceled. If a team is canceled, Priority 1 will work together with team members to reassign them to another available team or destination.

Please mail this form to:

Priority 1 Ministries, Box 226 Chambersburg, PA 17201

Phone: (717)264-7767

Email: office@priority1ministries.org