NEW DAY VOLUNTEER APPLICATION

TEAMS AND GROUPS

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| *A team consists of eight or more volunteers traveling together with a common purpose. Every team is required to have a team leader who is the main contact person and who will assume responsibility of the team while at New Day. If there is no team leader, each team member will need to complete an individual application and follow the general volunteer process.****Important Information for Teams: Prior to arrival New Day will require a list of all team members along with a skills profile. We will provide a template for this upon acceptance, and it must be returned to us at least one month prior to arrival. Final payment for lodging and transportation is due via wire transfer or Paypal two weeks prior to arrival.***  |
| Please type responses into cells highlighted in yellow and save your document frequently. File name should be **teamname.2015**.  |
| **Today’s Date:**  |  |  |
| **Type of Team/Group:** | Church | College or University Program | High School | Other Organization |  |
| Check one: |[ ] [ ] [ ] [ ]   |
| **Dates you wish to volunteer at New Day:** |  |
|  |
| **TEAM LEADER INFORMATION**  |
| **Full Name:**  |  |  |
| **Personal Details:** | **Date of Birth (mm/dd/yy):**  | **Age:** | **Gender:** | **Nationality:** |  |
|  |  |  |  |  |  |
| **Address:** | Street Address | City | State/Province | Zip/Postal Code | Country |
|  |  |  |  |  |  |
| **Telephone Numbers:** | Cell/Mobile | Home | Work |  |
|  |  |  |  |  |
| **Email Address:**  |  |  |
|  |
| **EDUCATION** | School Name | Dates | Major  | Degree |
| High School |  |  | -- | -- |
| Vocational School |  |  |  |  |
| University  |  |  |  |  |
| University  |  |  |  |  |
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| **EMPLOYMENT HISTORY** | Company Name | Dates of employment | Title/Position | Job description |
| Employer (Current or most recent) |  |  |  |  |
| Previous Employer |  |  |  |  |
| Previous Employer |  |  |  |  |
| Previous Employer |  |  |  |  |
| **VOLUNTEER EXPERIENCE** | Organization | Dates | Title/Position/Role | Job description/activities performed |
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| **PERSONAL STATEMENT**  |  |
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| **TEAM PROFILE**  |
| Name of Sponsoring Organization: |  | City/State/Province: |  | Country: |  |
| Approximate number of people in the group: |  | Do all team members speak English? |

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| YES[ ]  | NO[ ]  |

 | What other languages are spoken? |  |
| Please describe the makeup of your group demographically: | Ages | Gender split | Marital status | Nationalities |
|  |  |  |  |  |
| Will any children under 18 be accompanying you on this trip? |  | If yes, please give approximate number by age range | Under 2 | 2-5 | 6-11 | 12-17 |
|  |  |  |  |  |  |  |
| Please describe the primary purpose of this trip for your team. Include your main goals. |  |
| Please explain any program plans that your team will be involved in that we should know about, such as team meetings, side trips, etc. |  |
| If the sponsoring organization is other than a church or school, please give a brief description of the organization. |  | Organization website: |  |
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| **ADDITIONAL QUESTIONS**  |
| 1. How did you hear of New Day?  |  |
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| 2. Please describe why you are interested in coming to serve with New Day.  |  |
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| 3. What do you believe are your team’s strengths?  |  |
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| 4. What do you believe are your team’s weaknesses?  |  |
| 5. If your team is accepted to come to volunteer at New Day, are you willing to serve wherever you are most needed?  |

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| YES[ ]  | NO[ ]  |

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| 6. Are you willing to submit to the authority of the New Day Creations Board and those in leadership positions?  |

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| YES[ ]  | NO[ ]  |

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| 7. Are you willing to work with people who belong to other denominations and to love them in line with I Corinthians 13 and I John 4?  |

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| YES[ ]  | NO[ ]  |

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| 8. Has the team leader ever been to China before?  |

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|  YES[ ]  | NO[ ]  |

 | 9. Has the team leader ever led an overseas mission trip before?  |

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|  YES[ ]  | NO[ ]  |

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| Additional information that you feel would be helpful as we consider your application: |  |
| **Does anyone on your team speak Mandarin?** |[ ]  Beginner |[ ]  Intermediate  |[ ]  Advanced  |[ ]  Fluent/ Native Speaker |
| **OTHER SKILLS AND ABILITIES** |  |
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| **MEDICAL INFORMATION** |
| To your knowledge, does anyone on the team have any food allergies or special dietary needs? If so, please specify:  |  |
| To your knowledge, does anyone on team have any pre-existing medical conditions or physical limitations? If so, please specify:  |  |
| New Day requires all volunteers to have health insurance that covers international travel. Will the team provide a group policy or will individuals purchase their own travel insurance?  |  |
| **Emergency Contact:**  | Name | Relationship | Phone number | Email address |
| Primary: |  |  |  |  |
| Secondary: |  |  |  |  |
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| **STATEMENT OF AUTHENTICATION** |
| **I certify that to the best of my knowledge, all the information I have given is both truthful and accurate. I permit verification of all given information. (Type name below)** |
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After completing this application and saving it, please email it as an attachment to donna@newdaycreations.com. Applications will be reviewed by our team, and you will be contacted about next steps as soon as possible. Please keep in mind that submitting an application does not guarantee acceptance as a volunteer and no plane reservations should be made prior to receiving confirmation from New Day. Please see the Volunteer Services website for more information on the application process.