



THE RELIEF BUS

295 Walnut St. Elizabeth, NJ 07201
Fax 908-352-6446 800-736-2773
info@reliefbus.org reliefbus.org

COVER SHEET FOR STAFF USE ONLY

Applicant Name: _____

Designated NYCR Contact: _____

Recommendation By: _____

Arrival Date: _____ Departure Date: _____

Financial Arrangements Contact: _____

Designated "Buddy" _____

Designated Operations: _____

Designated Housing: _____

Approval Date: _____

Approved By: _____

NEW YORK CITY RELIEF – Short Term Missions Application

1. Personal Facts

Name: _____

Last

First

Middle

Address: _____

Tel. _____ (day) Tel. _____ (evening)

Email: _____

Date of birth: (mo/day/year) ____/____/____ Age: _____

Do you have a valid driver's license? Yes No

2. Marital Status and Children

Married Divorced Separated Widowed Single

Wife/husband's name: _____

Address: _____

Tel. _____ (day) Tel. _____ (evening)

Number and Names of Children Ages

1. _____

2. _____

3. _____

3. Emergency Contact

Person to be notified in case of emergency:

Name: _____ Relation: _____

Address: _____

Tel. _____ (day) Tel. _____ (evening)

Cell: _____ Email: _____

4. Personal information

In answering the following questions, please be as specific as you can.

1. *Please explain why you would like to serve with us.*

2. *What is your experience, and understanding of working as a part of a team?*

3. *What is your Christian/Church background and current involvement?
Please include any missions/ministry experience.*

4. Are there, or have there been, any substance abuse or life controlling issues (gambling, pornography, etc.) in your life?

5. Are there any medical issues that you are currently dealing with? Are you taking any medications regularly? (Please include any mental health issues).

6. What are your views on social drinking, drugs of any kind?

7. Do you use alcohol or drugs?

8. *We live in a community environment, in host homes etc. Are you willing to abide by basic home and community guidelines during your stay?* 3

9. *What are some things you hope to learn during your stay?*

10. *Do you have any prior convictions or criminal history of any kind?*

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5. Financial Obligations

The cost for housing is \$400 per month, \$100 per week, or \$15 per day, which does not include food, personal items, or any other expenses. These expenses will be solely your responsibility. We suggest that you have enough funds to cover these expenses and room at a minimum of approx. \$600 – \$650 per month total. In addition, any friends or family members who might stay or visit will be charged \$15 per night. If you live nearby and can travel to our locations and the Relief Center on required days, there would be no housing costs. Travel costs are your responsibility.

You must demonstrate your ability to provide these expenses by one of three means:

- a. Pay for your stay upfront.
- b. Pay monthly. If you choose to pay monthly, you will need to show proof that you have enough committed monthly support to do so.
- c. Have a church or other recognized guarantor fulfill your obligation.

Please explain how you plan to be responsible for these fees:

6. Education & Employment History

High School: Name of School/Graduation Date:

Vocational School: Name of School/Grad. Date:

College: Names/Dates:

Previous or current place of employment:

Company:

Phone:

Email:

Contact:

Date Started:

Date Left:

Reason for leaving:

Have you received any training specific for this position? Please explain:

What other skills or interests do you have?

Do you speak any foreign languages? Yes No List languages and proficiency

**7.
Commitment**

1. How long a commitment are you willing/able to make?
 2. What are your proposed start/finish dates?
 3. Are you willing to abide by any and all rules/regulations as set forth by NYCR? (Standards set forth by Organization policies and standards) yes/no_____
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**8. Releases
And
Commitments**

The facts set forth in my application are true and complete. I understand that if approved you are hereby authorized to check my references and complete background checks. I hereby grant NYCR and any agency/individual approved by NYCR the full right to use my participation in NYCR, in part or in full, audio, video, published and/or produced in any form, in any way that NYCR deems useful without any compensation whatsoever. I further understand that there is NO compensation for my volunteer work with NYCR.

*I further release New York City Relief Inc. from any responsibility for any injury or sickness contracted during my time of volunteering. **(This means that there is no medical insurance or dental insurance of any kind implied. It is suggested if your stay is longer than 30 days that you look into an insurance policy of some kind to cover you.)***

I understand that transportation is my responsibility. NYCR will endeavor to provide rides to and from the Relief Center for ministry purposes whenever possible however, any other transportation for shopping, etc. is not guaranteed or obliged. Host home family members, or other team members may include me in shopping times as those arrangements are worked out on an individual basis.

Date _____

Name: _____

Signature: _____

Please submit this fully completed application along with one personal reference and one pastoral reference.

**Mail to: Short Term Missions Dep't., NYCR, 295 Walnut St., Elizabeth, NJ 07201-1105
EMAIL: info@reliefbus.org**