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|  | Diocese of Davenport Volunteer Program Application for Short-tern Mission Trip |

## Please mark one Team Individual *Assistance Designated for parishes in the Diocese of Davenport*

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| Applicant Information |
| |  |  |  |  | | --- | --- | --- | --- | |  |  | Date: |  | |
| |  |  |  |  | | --- | --- | --- | --- | | Applicant Name: |  |  |  | |  | Last | First | M.I. | | Parish/Group Name: |  |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | | Address: |  |  |  | |  | City | State | Zip | |
| E-mail: |
| |  |  |  |  | | --- | --- | --- | --- | | Phone: |  |  |  | |  | Day | Cell |  | |
| Country/State to visit: |
| |  |  |  |  | | --- | --- | --- | --- | | Start Date: |  | Return Date: |  | |
| What organization is sponsoring this trip? |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Will you have short-term mission training prior to mission experience? |  | Yes |  | No |   Who or what organization will be responsible for the training? |
| Please describe your group’s relationship to the sponsoring organization as appropriate: |
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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Will you have a debriefing after your mission experience? | | | | | |  | Yes |  | No | |  | | | | | | | | | | | Will your parish assist in funding? |  | Yes |  | No | If Yes how much? | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Cost of the trip: | $ | | Amount requested from the Committee: | | | $ | | Are you a parish Member: | |  | | How long: |  | |   Describe the mission opportunity to which God has called you: |
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| Will this mission trip be a joint effort with another parish? Would you be willing to include members of other churches on this mission trip? |
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| How do you expect to finance your expenses: Travel, room and board etc.? |
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| What ministry experience have you had in your local parish, community and abroad? |
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| What are the goals and objectives of the mission? How will you share the experiences with your parish? And with the diocese? |
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| Two references (Individual Grants) |
| |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Phone: |  | |
| |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Phone: |  | |
| |  |  | | --- | --- | |  |  | |  |  | |
| |  |  |  | | --- | --- | --- | | |  | | --- | |  | | We prefer that you complete the electronic version online, but if you must use hard copy: | | | **Please return the completed application to: Diocese of Davenport**  **Attn: Kent Ferris**  **780 West Central Park Ave**  **Davenport, IA 52804-1901**  **Please e-mail the complete application to Esmeralda Guerrero,** [**guerrero@davenportdiocese.org**](mailto:guerrero@davenportdiocese.org) | |
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| For office use only: |
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| |  |  |  |  | | --- | --- | --- | --- | | Received Date: | Approved Date: | Amount Awarded: | Notes: | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Status: |  | Approved |  | Declined | |