**CONTACT INFORMATION -**

**Primary Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Group Name (*if applicable*)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEAM AVAILABILITY -**

1. **Dates of Interest**: **Do you have a specific date in mind?** Yes No

If *yes*, when (Ex: April 28-30, 2015)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If *no*, do you have a certain time frame (Ex: Fall 2015)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Have you been to SIFAT before?**

Yes No

If *yes*, when and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEAM PROFILE**

We need information about your team in order to discover the best date for your team to visit SIFAT, and also to determine what project is most appropriate for your group. Skill level of volunteers, availability of SIFAT’s resources, and other issues need to be determined in advance to ensure that your group experiences the best hospitality SIFAT can provide.

1. **What is your estimated team size?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Male Adults Age 18 and Over:** \_\_\_\_\_\_\_\_

**Number of Female Adults Age 18 and Over:** \_\_\_\_\_\_\_

**Number of Male Minor Age 18 and Under:** \_\_\_\_\_\_\_\_

**Number of Female Minor Age 18 and Under:** \_\_\_\_\_\_\_

1. **Please describe what your team would like to gain from this experience:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What type of work is your team willing to do at SIFAT? Also, please list and special skills your team members may have.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **The type of work you will be determined upon your group’s size, skill level and preference. It will also be determined by the availability of financial resources. What is your estimated monetary contribution to your work project(s) at SIFAT, if any? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Please list any team members’ health conditions SIFAT should be aware of (heart conditions, diabetes, asthma, etc.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are any team members restricted to indoor work only? If so, please explain.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL ARRANGEMENTS -**

The following information will help us determine SIFAT’s resources availability.

1. **Are you interested having meals provided by our Cafeteria during your time at SIFAT?**

Yes

No If you select *no*, this means that no meal is needed during your time here, or that you plan to provide

your own food

1. **Would you like to have a Campus Tour facilitated by a SIFAT staff member?**

Yes

No

1. **Do you want to visit the Village Store?**

Yes

No

1. **Would you like to use our outdoor pavilion as a group meeting/picnic space?**

Yes

No

**Are there any other arrangements we can make at SIFAT to make your team’s experience rewarding? Please let us know any additional information you would like to provide us with.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER AGREEMENT -**

Volunteers are the heart of SIFAT! As a SIFAT volunteer work team, you are a very important part of our mission to share God’s love in practical ways to the people of the world. We believe that God will use you through your service at SIFAT in profound ways. As a volunteer on the SIFAT property, we ask that you agree to the following terms:

|  | **Agree** |
| --- | --- |
| 1. Be prompt and reliable in reporting for scheduled work. |  |
| 2. Notify SIFAT when any of the information in this application changes. |  |
| 3. Participate in any orientation and/or training sessions. |  |
| 4. Accept SIFAT’s right to dismiss any volunteer for any reason. |  |
| 5. Accept responsibility for any injuries received while volunteering and release SIFAT from financial responsibility for accidents, injuries or other damages. |  |
| 6. Accept SIFAT as a Christian organization and ensure all team members conduct themselves in a manner that would not conflict with SIFAT’s principles and values as a Christian organization. |  |
| 7. We will not hold SIFAT responsible for falls, animal or insect bites, allergic reactions, lightning strikes or other injuries on SIFAT property. |  |

**WORK TEAM AGREEMENT -**

**Please sign below if you agree with the following statement:**

**I have read, understand, and agree to the above items. I further attest to the accuracy of the information supplied in this application. I have read the work teams policies and will communicate them to team members.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Team Leader) (Date of Application)

***Please email completed form to*** [***admin@sifat.org***](mailto:admin@sifat.org) ***or mail to the address listed below.***

***Once you had submitted this Work Team Application, we will contact you to set up the details of your visit to SIFAT.***

***We are thankful for your interest in giving through service to God’s ministry at SIFAT!***