

# TEAM HEALTHCARE, INC.

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4 Fidelian Way, Towaco, NJ 07082-1061  
(973) 299-0964 Email: [kimsangyol@yahoo.com](mailto:kimsangyol@yahoo.com)  
[www.teamhealthcareinc.com](http://www.teamhealthcareinc.com)

## Instructions Sheet / Non-Sponsored Mission Trip

Dear Applicant,

Thank you for your interest in joining a Team Healthcare mission trip. You will need to fill out the attached Application Form, including a \$200 deposit, made out to "**Team Healthcare.**" Mail your Application Form to:

Team Healthcare  
4 Fidelian Way  
Towaco, NJ 07082-1061

You will also need to follow the instructions in the letter from the Jacksonville Chapel Missions Committee and submit an application form to them. This process enables you to receive up to \$500 from the Chapel for your trip.

Attached are the application forms and a sample fundraising letter.

Thank you for your interest in serving the Lord through Short-Term Missions. If you have any questions, contact Sang at 973-299-0964, or email [kimsangyol@yahoo.com](mailto:kimsangyol@yahoo.com).

**TEAM HEALTHCARE - SHORT TERM MISSIONS**  
Combined Application Form

Return this application to:  
**Team Healthcare**  
4 Fidelian Way  
Towaco, NJ 07082  
973-299-0964

Requested Trip: \_\_\_\_\_ Trip Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name (from your passport) \_\_\_\_\_ Passport No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Passport issued by: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parents/Guardians Name (if minor) \_\_\_\_\_ Are you a student? (yes) (no) Grade? \_\_\_\_\_

Beneficiary (for travel insurance) \_\_\_\_\_

Are you a member of Jacksonville Chapel? \_\_\_\_\_ Do you consider Jacksonville Chapel your home church? \_\_\_\_\_

In which ministries of Jacksonville Chapel do you participate?  
\_\_\_\_\_

Church affiliation (if not Jacksonville Chapel) \_\_\_\_\_ Occupation \_\_\_\_\_

In what areas would you like to serve?  
 Medical  Dental  Optometry  Evangelism  Support Staff  Work  VBS

Any physical limitations? \_\_\_\_\_

Name of Mission Organization which has accepted you: Team Healthcare, 4 Fidelian Way, Towaco, N.J. 07082 973-299-0964

Field of Service (location) \_\_\_\_\_ Cost of Trip \$ \_\_\_\_\_ Amount raised \$ \_\_\_\_\_

How many letters have you sent requesting prayer & financial support? Non-Chapel? \_\_\_\_\_ Chapel? \_\_\_\_\_

Have you participated in a Short-Term Mission Trip before?

When? \_\_\_\_\_ Where? \_\_\_\_\_

Medical History

General Health: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Any medical problem (asthma, etc.) \_\_\_\_\_

Allergies or reaction to medications: \_\_\_\_\_ Date of last tetanus toxoid injection: \_\_\_\_\_

Name of Insurance Company and Policy Number: \_\_\_\_\_

***Give a brief testimony and tell us why you want to serve in a mission field (use back of page)***

*In consideration for allowing me to participate on this mission trip, I waive any future claim against Team Healthcare, Inc., and its board members, or hold them liable, for any damages sustained on a result of accident or injury incurred while participating on a Team Healthcare mission trip. I give permission for First Aid to be rendered in case of accident or injury.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Our Statement of Faith:** We are a nondenominational group of evangelical Christians dedicated to spreading the gospel of Jesus Christ to underprivileged areas of the world through medical/dental/optometry/work and teaching missions. (John 3:16; Romans 10:9-13; Mark 16:15) Please enclose non-refundable **\$200** deposit check made out to <Team Healthcare, Inc.> with this application form (tax deductible).



# JACKSONVILLE CHAPEL

"Loving God . . . Loving people . . . Serving the world."

Dear Applicant:

Enclosed please find the Short-Term Mission Application form you requested.  
Please also note the following:

1. Remember to be timely in order to receive **funding**. Waiting until the last moment might make you ineligible for funding. As soon as you have decided to go on a trip, you should strive to complete the following:
2. Prepare and mail 30 fund-raising letters to Non-Chapel attenders and 20 letters to Chapel attenders. Letters should be mailed at least eight weeks prior to your trip.
3. (a) Mission Trip Application  
(b) A copy of your fund raising letter  
(c) List of names of those you sent your letters

Mail them to:

Linda Kolmodin  
Jacksonville Chapel Mission Committee  
264 Jacksonville Road  
Lincoln Park, NJ 07035

Should your trip be approved by the Mission Committee for funding, you may receive up to \$500 for trips over \$1,000.

Thank you for your interest in serving the Lord through Short-term missions.

Mission Committee

Lincoln Park Campus:  
264 Jacksonville Road  
Lincoln Park, NJ 07035

Crossroads Campus:  
270 Parish Drive  
Wayne, NJ 07470

**SHORT-TERM MISSIONS APPLICATION FORM  
NON-SPONSORED MISSION TRIP**

**Return to:**  
Missions Committee  
Jacksonville Chapel  
264 Jacksonville Rd.  
Lincoln Park, NJ 07035  
973-334-6657

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (Town) (State) (Zip)

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Are you a member of Jacksonville Chapel? \_\_\_\_\_ Do you consider Jacksonville Chapel your home church? \_\_\_\_\_

In which ministries of Jacksonville Chapel do you participate? List: \_\_\_\_\_  
\_\_\_\_\_

Are you presently attending school? \_\_\_\_\_ Grade \_\_\_\_\_

Name of Mission Organization which has accepted you . Team Healthcare, Inc. \_\_\_\_\_

Mission's Address # 4 Fidelity Way Towaco New Jersey 07082 \_\_\_\_\_  
(Street) (Town) (State) (Zip)

Phone # 973-299-0964 \_\_\_\_\_ (Please provide a **doctrinal statement** from the organization)

Date & Length of Missions Trip \_\_\_\_\_

Field of Service (location) \_\_\_\_\_

What will you be doing on the field? \_\_\_\_\_  
\_\_\_\_\_

Non-Chapel Chapel

**How many** letters to each group have you sent requesting prayer & financial support? \_\_\_\_\_

Cost of Trip \$ \_\_\_\_\_ Amount raised to date \$ \_\_\_\_\_

List your involvement in any Christian service or ministry \_\_\_\_\_

Have you participated in a Short-term mission trip before? When? \_\_\_\_\_  
\_\_\_\_\_

Where? \_\_\_\_\_  
\_\_\_\_\_

Give your testimony and tell us why you want to serve on a mission field (Use the back of this form).

**Note: You may be invited to meet with the Missions Committee for an interview. We will contact you to schedule that time.**

## Sample fundraising letter

*You may use this for a template for your own letter. Modify as necessary for the particular trip you are going on and the ministry you will be involved in.*

Date

Dear friend,

God has opened the door for me to take part in a short-term mission trip to Kajiado, Kenya. I will be going with **Team Healthcare**, a medial missions organization affiliated with Jacksonville Chapel. We are leaving May 20<sup>th</sup> and returning May 29<sup>th</sup>.

I will be working with physicians, dentists and eye doctor at bush clinics. The primary purpose of this endeavor is to share Christ's love with those who do not know Him as their Lord and Savior.

I need your help. This is a team project, and I need you on the team. First, I need your prayers for all the challenges and opportunities this trip will present. Pray for God to bless this team, and pray for God to prepare the hearts of those we will ministry to. Second, the total cost for me to join this trip is \$2,850. Please consider supporting me financially for this trip as you are willing or able.

If you feel led to share the cost with me, you can make a check payable to "**Team Healthcare**" and send it to me. All contributions to Team Healthcare are tax deductible and you will be provided with a receipt for your donation.

Your support by whatever means is very important to me. Thank you for praying about being part of this outreach.

Sincerely in Christ,

Your Name  
Address

***[www.teamhealthcareinc.com](http://www.teamhealthcareinc.com)***