

TEAM HEALTHCARE, INC.

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

Instructions Sheet / Chapel 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

Since Jacksonville Chapel is sponsoring this trip, you will also need to do the following in order to ensure complete funding:

- (1) Prepare and mail 50 Fund Raising letters seeking prayer and/or financial support, with at least 30 letters to Non-Chapel people. You may mail to friends, relatives and co-workers. Letters should be mailed as soon as possible.
- (2) Attach a copy of your letter, a list of names of those you sent your letter to, and submit the list to Team Healthcare.
- (3) Collect checks made out to "**Jacksonville Chapel**", keep records and mail them to Team Healthcare. We will submit these to the Chapel Mission Committee.
- (4) You need to raise at least 50 percent of the cost of the trip after your deposit. (This is a requirement for *each* individual joining a Team Healthcare trip).
- (5) Team Healthcare will then see that you receive the remainder of the necessary funding from the Mission Committee.

Attached are the application form 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.

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).

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 the Jamaica. I will be going with ***Team Healthcare***, a medial missions organization affiliated with Jacksonville Chapel. We are leaving May 20th and returning May 29th.

I will be conducting VBS at Annotto Bay Gospel Chapel. 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 "***Jacksonville Chapel***" and send it to me. All contributions 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