



EPISCOPAL MISSION EXCHANGE

### Mission Assignment Application

Parish/Diocese Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Approximate number of volunteers: Students \_\_\_\_\_ Adults \_\_\_\_\_ Total \_\_\_\_\_

How many adult supervisors per student will you guarantee? \_\_\_\_\_

*Check with your diocesan standards and if your diocese does not have standards we suggest and 1 to 5 ration and if you have male youth attending there needs to be a male adult and if you have female youth attending there needs to be a female adult.*

**\*\* For all adults participating in EMX, Safeguarding God's Children Training is REQUIRED. <http://www.cpg.org/productsservices/preventingsexualabuse.cfm> \*\***

At what date will you have Safeguarding God's Children Training completed? \_\_\_\_\_

What mode of transportation will you be using? \_\_\_\_\_

Please list two possible dates for your experience. 1. \_\_\_\_\_ 2. \_\_\_\_\_

Are you willing to attend a mandatory, pre-project visit and agree to train your student volunteers according to a mutually agreed-upon training program? (Date TBA) \_\_\_\_\_

Please list, in order of preference, three volunteer requests that your group would be interested in pursuing from the enclosed list.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Have you, as a group leader, led previous mission experiences? Yes No (circle one)		
Date of Experience	Location	Types of Ministry Performed

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list this group's recent missions experience:

Date of Experience	Location	Types of Ministry Performed
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*Please mail or fax this completed form to:  
Episcopal Mission Exchange ♦ 3421 Sierra Drive ♦ Birmingham, AL 35216  
Fax: 205-822-1960*