



MGOCISM of the Northeast American Diocese
Malankara Orthodox Syrian Church

MISSIONS TRIP 2018 APPLICATION

Please answer all questions on this application completely in legible handwriting or typed.

**This completed application also states your willingness
to potentially be part of the life changing ministry of MGOCISM Missions Board*

GENERAL INFORMATION

Last Name: _____ First Name: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

E-mail: _____ Present Occupation: _____

Age: _____ Date of Birth: ____/____/____ Gender: Male Female

CHURCH INFORMATION

Name of Church you attend: _____ City/State: _____

Vicar's name: _____ *Vicar's Phone:* _____

HEALTH INFORMATION

Do you have any medical conditions like allergies, asthma, diabetes, high blood pressure or heart disease that may be aggravated by physical labor? Yes or No

If yes, please elaborate:

Insurance Company: _____ Insurance Policy Number: _____

Physician's Name: _____ Physician's Number: _____

EMERGENCY CONTACT

Name: _____ Relationship to Applicant: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____



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PERSONAL BACKGROUND

(If necessary, use another sheet. Responses may be typed.)

1) Describe some of your goals and accomplishments.

2) How did you hear about and become interested in this trip?

3) Describe your involvement with your parish and Area MGOCSM. What types of programs have you participated in, and in what capacity?



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4) Have you participated in any Community Service Projects before?

5) How often do you partake in the sacraments of the Orthodox Church?

6) What are some of your hobbies, interests, and/or talents that you may be able to contribute to this group experience?

7) Are you capable of living in simple conditions, sharing rooms, and living with the basics?



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8) Is there a part of the Bible (a verse, parable, Psalms, etc.) that has had an impact on your life?

9) If you have any questions, comments, or concerns regarding this trip, please write them below.

10) On a separate document, attach a description of your idea for a service event. The more description, the better (purpose, organization working with, rough timeline, etc.)



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TRIP PLANNING:

Please submit a payment of \$100, which will cover your registration and basic living expense during this trip. Once you have emailed this completed application, Mr. Danny Skariah will give directions on the payment process.

DISCLAIMER:

The MGOCSM of the Northeast American Diocese is not liable for any damage, loss, or impairment to any property, or to any person, on this trip.

Your Name (Print Only)

Your Signature

Date

Vicar's Name (Print Only)

Vicar's Signature

Date

Please e-mail application with the Subject (Mission 2018) to:
Danny Skariah
(dannygskariah@gmail.com)