

SAN MIGUEL DEL LAGO

Missionary Application

Please carefully complete in full. The information you provide will assist us in getting to know you better and to determine your acceptability to San Miguel. Applications cannot be reviewed without a Letter of Reference from your Parish Priest or Spiritual Father. The information you provide will only be shared with those involved in determining your acceptance. To ensure legibility, all applications must be typed or printed legibly and signed in black ink.

Are you with a Team? Yes No Team Name: _____ Arrival Date: _____

Name: _____
Last First Middle

Maiden Name: _____ Name of Spouse: _____

Do you now have a valid passport? _____

Mailing Address: _____
Street Address City State Zip

Telephone: () _____ e-mail: _____

Permanent Address: _____
(If different from Mailing Address)

Permanent Telephone: () _____
(If different from above)

Do you expect to move in the next six months? _____

If yes, when? _____

Date of Birth: _____ Sex: _____ Marital Status: Single
 Married
 Widowed
 Divorced

Current Occupation: _____

Employer (If student, School) _____

Work Telephone: () _____ Cellular Phone: () _____

Are you a practicing member of the Orthodox Church? _____

If not, your Religion is? _____

Priest: _____ Jurisdiction: _____

Church: _____ Diocese: _____

Address: _____ Telephone: _____

City State Zip Email: _____

List below areas of study, diplomas, degrees, professional licenses/certificates along with the date conferred and the name of the awarding institution:

Foreign Language Skills (Indicate Level): _____

Personal/Professional Experience ("X" all that apply)

- | <u>Technical</u> | <u>Teaching/Leadership</u> | <u>Church</u> | <u>Group/Other</u> |
|--|---|--|---|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Day Camp | <input type="checkbox"/> Bible Study | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Retreat Leader | <input type="checkbox"/> Campus Ministry | <input type="checkbox"/> Organized Sports |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Sunday School | <input type="checkbox"/> Prayer Group | <input type="checkbox"/> Photo/Video |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Vac Bible School | <input type="checkbox"/> Reader | <input type="checkbox"/> Music |
| <input type="checkbox"/> Counselling/ Social Work | <input type="checkbox"/> Youth Work | <input type="checkbox"/> Catechist | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Arts & Crafts | | <input type="checkbox"/> Other _____ |
| | | | <input type="checkbox"/> Admin/Business |
| | | | <input type="checkbox"/> Community Development |

Briefly describe your experiences:

How did you hear about the SAN MIGUEL DEL LAGO?

Are you familiar with Monasticism and Monastic Obedience? Explain Briefly:

Briefly describe why you would like to be a missionary at an Orthodox Orphanage:

List any other skills, talents, interests, ministry, or experiences you have which you feel will contribute to the success of being an Orthodox Missionary:

What is your current or previous involvement in missions (ex. Mission committee, local outreach, mission teams, fundraising)?

Repeat Name Please: _____ p. 3 of 5

Name: _____

Height: ____ ft. ____ in. Weight: ____ lbs. Age: ____ Blood Type: ____

MEDICAL HISTORY (please "X" yes or no)

Do you suffer from or have you been treated for any of the following:
(A "Yes" answer does not automatically disqualify a candidate)

Yes No

Asthma
Diabetes
Heart ailments

Liver problems
Stomach or intestinal problems

Cancer
High blood pressure
Joint or back problems
Kidney problems
Epilepsy or other neurological problems

Eye problems
Lung problems
Thyroid problems
Skin disease
Hernia
Pilonidal cyst
Alcoholism
Drug abuse

Yes No

Do you need special medical or dental services?

Have you ever had psychological counselling or therapy?

Have you ever been hospitalized for a psychological problem?

Are you allergic to any medicines (ex. Penicillin, Sulpha, etc.), insect stings, foods, animals, or plants?

Have you had surgery other than tonsillectomy, hernia repair, abortion, appendectomy, or wisdom teeth removal?

Are you now under the care of a doctor or other practitioner for any reason?

Describe: nature of problem, treatment, results, and dates for everything checked "Yes" under Medical History. Add any other pertinent medical information you would like to include or think we should know.

IMMUNIZATIONS: Please write the year of the time you were immunized against the following:

- _____ Cholera
- _____ Diphtheria
- _____ Measles (Rubella)
- _____ Mumps
- _____ Polio immunization (Sabin vaccine)
- _____ Tetanus (in past 10 years)
- _____ Typhoid Fever
- _____ Yellow Fever
- _____ Hepatitis A

Known Allergies: _____

Primary Physician's Name: _____ Telephone: () _____

Address: _____
City State Zip

Insurance Company: _____ Policy Number: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Telephone: () _____

City: _____ State: _____ Zip: _____

Cell: _____ Email: _____ **p.4 of 5**

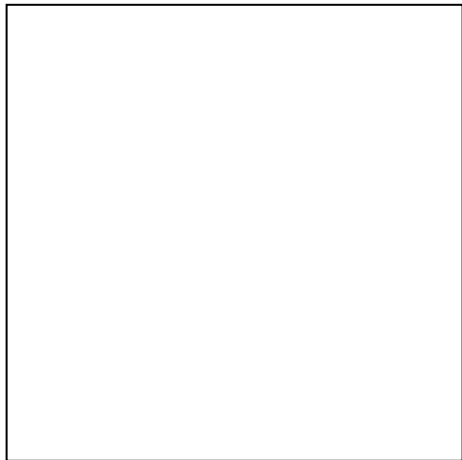
When application is completed in full (leaving blanks will delay approval process), please email it to:

missionoffice.hra@gmail.com with copy to nunivon@ufm.edu

Note: Please keep your original on hand in case we do not receive.

Next Step: Please have your parish priest or spiritual father complete the SMDL Priest Reference form and send it directly to us from his e-mail address. Thank you.

Please use this portion if additional writing space is needed.



Place photo
here or send an attachment

Applicant Signature: _____ Date: _____

Printed Name: _____ p. 5 of 5