

**NYAC Disaster Preparedness & Response  
Volunteer In Mission / Early Responders Team  
APPLICATION FORM**

**Team members will be required to:**

1. Complete the application form and return it AS SOON AS POSSIBLE.
2. Attend 3 hours VIM training session from the NYAC Conference Center
3. Be ready to travel for 5-10 days.

GENERAL INFORMATION		
First Name:		Last Name:
Preferred Name:		
Current Address:		Church Name:
		Pastor's Name:
		District:
Age:	Birth Place	Birth Date:
Male <input type="checkbox"/> Female <input type="checkbox"/>		
CURRENT CONTACT INFORMATION		
Home:	Work:	
Cell:	Fax Number:	
Email 1:	Email 2:	
EMERGENCY CONTACT INFORMATION		
Name:	Relationship:	
Address:	Home Phone:	
	Work Phone:	
	Cell Phone:	
	E-mail 1:	
	E-mail 2:	
PROFESSIONAL QUALIFICATION / CERTIFICATION / TECHNICAL SKILLS		
1)		
2)		
3)		
4)		
5)		
6)		

I would like to be considered for the trip to: \_\_\_\_\_ scheduled on: \_\_\_\_\_.

RETURN APPLICATION TO:  
Hadley Levat, NY Annual Conference, 20 Soundview Ave. White Plains, NY 10606.  
Tel. 914-615-2226; Fax. 914-615-2244. Email - disaster@nyac.com