



Ukrainian Orthodox Church of the USA
Office of Missions and Christian Charity
Children of Chernobyl Relief and Development Fund

Missionary Trip to Ukraine 2009/2010 Celebrating the Life of St. Nicholas

APPLICATION

Applicants must be at least 18 years of age .

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell Phone _____

Date of Birth _____ Sex _____ Email _____

Parish Name _____

Parish Address _____

Spiritual Father Name _____ Phone Number _____

Current Occupation _____

Employer _____ Phone Number _____

Have you ever participated in a missionary trip? Yes _____ No _____

If yes, where, when and with what organization: _____

Have you traveled to Ukraine before? _____ Do you speak Ukrainian? _____

Do you speak any other languages? If yes, which ones? _____

Do you have any medical or physical therapy training? _____

If yes, please explain:

Are you First Aid/CPR certified? Yes _____ No _____

Please check areas in which you have experience:

Cooking	_____	Camp Counselor	_____
Carpentry	_____	Sunday School	_____
Electrical	_____	Teacher	_____
Masonry	_____	Retreat Leader	_____
Painting	_____	Public Speaking	_____
Plumbing	_____	Political Volunteer	_____
Custodial	_____	Charitable Volunteer	_____

Other _____

Please include with this application a short essay as to why you would like to participate in the trip and what you feel you may have to offer the team. Also include names and phone numbers for two references. (You may attach a separate sheet if necessary).

Reference #1 Name _____

Phone _____

Reference #2 Name _____

Phone _____

Applicant Signature _____ Date _____

Spiritual Father Signature _____ Date _____

The Spiritual Father Confidential Applicant Evaluation must be completed for this application to be processed. The Spiritual Father listed on this application will be contacted directly prior to applicants final approval.

Application Deadline October 20, 2009. Application should be sent to:
Office of Christian Charity
1893 W. Royalton Road—Broadview Heights, OH 44147

If you have questions contact Fr. Deacon Ihor Mahlay
OCC Director at imahlay@yahoo.com

Ukrainian Orthodox Church of USA
Mission Trip to Ukraine
Medical Form

The following information is private and only the appropriate parties will have access to the information.
Please check if you have been treated for any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy or other Neurological problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eye Problems, glasses, contacts (circle) |
| <input type="checkbox"/> Heart Ailments | <input type="checkbox"/> Lung Problems |
| <input type="checkbox"/> Liver Problems | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Skin Disease |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Pilonidal cyst |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Drug Abuse |

Do you need special medical or dental services? Yes _____ No _____
If yes, what services? _____

Are you currently taking any required medication? If yes, what, and what dosage? _____

Have you ever had psychological counseling or therapy? Yes _____ No _____
Please List _____

Have you ever been hospitalized for a psychological problem? Yes _____ No _____
Please List _____

Are you allergic to any medicines e.g. Penicillin, sufa, etc? Yes _____ No _____
Please List _____

Are you allergic to any foods? Yes _____ No _____
Please List _____

Are you allergic to insect stings, animals or plants? Yes _____ No _____
Please List _____

Have you had any major surgeries? Yes _____ No _____
Please List _____

IMMUNIZATIONS AND DATES - Please fill in all dates—”Up to Date” does not qualify.

- | | |
|-------------------------|---------------------|
| _____ Cholera | _____ Yellow Fever |
| _____ Diphtheria | _____ Polio |
| _____ Measles (rubella) | _____ Tetanus |
| _____ Mumps | _____ Typhoid Fever |

Insurance Company _____

Insurance Policy Number _____ Policy Dates _____

In Case of Emergency Contact _____ Relation _____

Phone #1 _____ Phone #2 _____

**Waiver of Liability and Assumption of Risk
For Missionary Trip to Ukraine**

I am volunteering to take part in the December 26, 2009—January 3, 2010 goodwill mission to orphanages in Ukraine cosponsored by the Ukrainian Orthodox Church of the USA and the Children of Chernobyl Relief and Development Fund. I understand that the living conditions at the orphanages are quite primitive and that travel in the Ukrainian countryside can be hazardous due to the poor maintenance of roads and other factors. I also understand that most of the children at both orphanages are severely disabled, that many of them suffer from severe birth defects, disfigurements, and infectious diseases. I believe that I have the requisite strength of character, sufficient maturity, personal resolve and psychological resiliency to confront these conditions without suffering personal trauma or emotional distress.

I realize the CCRDF and the UOC of the USA have little or no control over the inherently hazardous conditions that I may encounter en route, or on site at the orphanages, and I assume any and all risks involved in this humanitarian mission. In the event of injury or illness, I will hold harmless the Ukrainian Orthodox Church of the USA, Children of Chernobyl Relief and Development Fund, UOC Office of Mission and Christian Charities, their Hierarchs, boards of directors, mission team leaders, and staff and waive any claims to financial damages or compensation for any harm that I may suffer in the course of this mission. I also assume personal responsibility for any immunizations, prescription medications or health precautions that may be prudent to reduce the risk of illness or injury during overseas travel.

Applicant Name _____ Applicant Signature _____

Date _____

Statement of Responsibility

I attest that all the information provided in this application is accurate and true to the best of my knowledge. I understand that this is a voluntary mission and I am responsible for raising all expenses that will be incurred for the trip. I also understand that this is a mission trip of Orthodox Christians and I will conduct myself during the trip in a manner befitting an Orthodox Christian laboring on behalf of our Lord and Savior Jesus Christ.

Applicant Name _____ Applicant Signature _____

Date _____