

# California-Nevada Annual Conference UMVIM Team Leader Application

Name \_\_\_\_\_ Church of membership \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Name and location of UMVIM Project for which you are applying to be a team leader:

\_\_\_\_\_

Dates you would like to lead a team: \_\_\_\_\_

## TRAINING / EXPERIENCE:

### 1. Team Leader training:

Date \_\_\_\_\_ Place \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

Date of Safe Sanctuaries Certification (if applicable): \_\_\_\_\_

Are you willing to submit to a background check?    Yes            No

### 2. List teams of which you have been team leader:

Date \_\_\_\_\_ Site \_\_\_\_\_ Country or USA state \_\_\_\_\_

Date \_\_\_\_\_ Site \_\_\_\_\_ Country or USA state \_\_\_\_\_

### 3. If you have not been a Volunteers In Mission team leader, please list Volunteers In Mission teams in which you have participated as a team member:

Date \_\_\_\_\_ Site \_\_\_\_\_ Country or USA state \_\_\_\_\_

Date \_\_\_\_\_ Site \_\_\_\_\_ Country or USA state \_\_\_\_\_

### 4. Other UMVIM activities or information.

## Reference Form for UMVIM Team Leaders

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(Name of applicant)

This person has applied to be a team leader for United Methodist Volunteers In Mission and has given your name as a reference. Please state frankly your opinion of the applicant's all-around fitness for Christian service as a United Methodist Volunteers In Mission Team Leader by answering the following questions and summary.

1. Please give any information you regarding the applicant's background (family, education, experiences) that you feel might bear upon his/her suitability for this service.
2. Does the applicant show good judgment and possess the ability to make decisions and follow through on them?
3. To what extent does the applicant demonstrate leadership? Give examples.
4. What type of influence does the applicant exert? Does the applicant respond well to authority? Comment on the applicant's ability to cooperate and work with others.
5. Comment on the applicant's sensitivity to the needs, feelings and attitudes of others.
6. Estimate the candidate's ability in his/her profession.
7. What is the applicant's attitude toward other cultural groups, races, and nationalities?

8. How does this person respond under pressure? Would you feel comfortable in another country with this person as team leader?

9. Have you had any reason whatsoever to lack confidence in this applicant?

**SUMMARY:** Please state frankly your opinion of the applicant's all-around fitness for Christian service as a United Methodist Volunteers In Mission Team Leader, adding significant information and impressions not brought out by the preceding questions.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_

Association with applicant \_\_\_\_\_  
(Pastor, co-worker, etc)

The information in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give to UMVIM any information that they may have regarding my character and fitness for Volunteers In Mission work. I release all such references from liability for any damage that may result from furnishing such evaluations and I waive any right that I may have to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by United Methodist Volunteers In Mission policies.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

The outreach committee of the church and/or the church pastor has approved this applicant as an UMVIM team leader.

\_\_\_\_\_  
Chair of outreach committee

\_\_\_\_\_  
Pastor's signature

\_\_\_\_\_  
Date

Thank you for applying to be a Volunteer in Mission Team Leader. Please have the reference forms filled out by your pastor, your mission chairperson and 1 other person. Please send all forms to the CA NV UMVIM Office at: [umvim@calnevumc.org](mailto:umvim@calnevumc.org). If emailing this form is not an option for you, feel free to print and mail your application instead.

**MAIL TO: UMVIM – CA-NV Annual Conference P.O. Box 980250 West Sacramento, CA 95798-0250**