



## Blackfeet United Methodist Parish

P.O. Box 3007 Browning, MT 59417

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Rev. Calvin Y. Hill  
Office: 406-338-3900

Cell: 406-84-8135

*To develop a Christ centered community that would create disciples to serve all peoples*

### 2020 Mission Team Application

(Please return completed form via email to [bumpranch@gmail.com](mailto:bumpranch@gmail.com))

**Destination:** \_\_\_\_\_

**Week/Dates you would prefer:** \_\_\_\_\_

#### Team Leader Information

Leaders Name: \_\_\_\_\_

Church/Team Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ **Male** **Female** (circle one)

Spiritual Information:

Where do you attend Church? \_\_\_\_\_

How long have you attended? \_\_\_\_\_

What Ministries are you involved with at your Church?

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(Team leader info cont)

Do you serve in any volunteer/ leadership role in a Cross Cultural ministry?

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What are you spiritual gifts?

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What is your strongest character quality and why?

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What is your weakest character quality?

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What are your expectations for this mission team and the BUMP Parish?

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Please give a person to contact for a personal reference on your behalf:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Relation to you: \_\_\_\_\_

# Mission Team Information

What is the Team goal for this Mission Trip?

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Please list specific talents of the team members (example: construction, plumbing, electrical, and personal talents.)

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Are there any Chronic illnesses or medical conditions for any member of your team? **Yes** **No**

If so, explain: \_\_\_\_\_  
\_\_\_\_\_

Does your team understand that there may not be immediate medical care available? **Yes** **No**  
(therefore, we must advise persons with physical or medical limitations to consider their involvement in the Mission team)

How many Team members will be in your group? \_\_\_\_\_ approx. age range \_\_\_\_\_

Female \_\_\_\_\_

Male \_\_\_\_\_

Ratio of adults to minors: \_\_\_\_\_

(Mission Team info contact)

Safe Sanctuary rules require that all team members over the age of 18 complete a background check. The background check must be completed and submitted to our Parish before the team arrives on the Blackfeet Reservation.

**A charge of \$25.00 per person per day will be required as payment during the teams stay, unless the mission team is coming during North American Indian days or Heart Butte Indian Days, then at that time a \$30.00 per person per day is assessed.**

Your team is responsible for all team members' appropriate conduct during your trip, as well as any Health Issues and concerns during your trip.

I have read and understand the above information, The information I have given BUMP is accurate and true to the best of my knowledge. My signature signifies my approval of all limitations listed above.

Signature of Team Leader: \_\_\_\_\_ Date: \_\_\_\_\_