

**APPLICATION FOR HURRICANE RECOVERY WORKTRIPS**

**Sponsored by the Worcester Area Mission Society, UCC  
and the Massachusetts Conference, UCC**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

(print name exactly as it appears on your driver's license)

[Name you would like to be called \_\_\_\_\_]

**Cell Phone #** (if your plan is national and you're willing to use it for communication with others on the trip)

(cell #) \_\_\_\_\_ **E-mail (yours or a friends - for trip info.)** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

(Someone not traveling with you.)

**Insurance Beneficiary** \_\_\_\_\_ **Phone** \_\_\_\_\_

(For missionary accident insurance.)

**Male** \_\_\_ **Female** \_\_\_ **Age:** \_\_\_\_\_ (Minimum age is 16 years.)

**If under 18, who is the adult on the trip who be legally responsible for you?**

\_\_\_\_\_

**Home Church** \_\_\_\_\_

**Church with whom you're traveling if different than home church** \_\_\_\_\_

**Reference - a leader or clergy person in your faith community whom we can contact.**

\_\_\_\_\_ ( name \_\_\_\_\_ name of congregation \_\_\_\_\_ phone # )

**Dates of planned trip in which you are hoping to travel** \_\_\_\_\_

**Teacher-to-Teacher > [Teacher-in-Residence \_\_\_\_\_ Road Show (Feb. and April only) \_\_\_\_\_ ]**

**Gardening/Landscaping** \_\_\_\_\_ **Parish Nursing** \_\_\_\_\_

**Construction team** \_\_\_\_\_ **Other (specify)** \_\_\_\_\_

**FLIGHTS:**

**Traveling with the group? (We will get the best Southwest Airline prices we can, at a reasonable hour,  
from Providence or Manchester) \_\_\_\_\_**

**OR making your own flight arrangements to arrive close to the groups' arrival time \_\_\_\_\_**

**PERSONAL MEDICAL INFORMATION**

**List any physical limitations** \_\_\_\_\_

**Most recent tetanus shot date (recommendation is for it to be within the last 5 years):** \_\_\_\_\_

**Health Insurance Information**

*Please Bring Card to the Worksite*

**PROVIDER** \_\_\_\_\_

**POLICY #** \_\_\_\_\_

**EFFECTIVE DATES** \_\_\_\_\_

**FOR MORE INFORMATION PLEASE CONTACT:**

**The Rev. Nancy Shantia Wright-Gray**

**Coordinator for WAMS,UCC, local and global Workdays for Adults and Youth in Service (WAYS)**

**[shantiawg@gmail.com](mailto:shantiawg@gmail.com) 508-450-2001 48 Main St., Sterling, MA 01564**

**CONSTRUCTION - WORK EXPERIENCE RATING :**

Participants can have work experience ranging from none to professional. We will try to take this information into account as we assign you to a project, so please give an accurate assessment of your experience. (You might be asked to bring portable tools to the workcamp that will enable you to use this experience.)

Use the following number guide to indicate your experience level in each category below. If you are under 18 years of age and mark yourself as having Medium Experience (level 3) or Advanced Experience (level 4) in any area, you must have your parents sign in the box at bottom of the application.

- 0.-No Experience                      1.-Low Experience                      2.-Medium Experience
- 3.-Advanced Experience                      4.-Professional Experience (Adults Only)

**CONSTRUCTION WORKERS:** Please *enter the number* which best reflects your level of experience in the following categories. Indicate only one number per category.

- Painting                       Carpentry                       Drywall                       Masonry
- Electrical                       Concrete Works                       Heating/Cooling                       Roofing
- Siding                       Laying carpet                       Laying linoleum                       Tree removal
- Typing                       Data entry                       Bookkeeping                       Plumbing

**Operating equipment:**

Power Tools, Heavy Equip (i.e. bulldozer, front end loader, etc) \_\_\_\_\_

**Trade licenses:** \_\_\_\_\_ **states in which licensure is held** \_\_\_\_\_

**TEACHERS/EDUCATORS:**

**T in R** - Experience \_\_\_\_\_ Grade level you prefer to work with \_\_\_\_\_

**Road Show** - Skills that might be helpful to an educational assembly/show and learning centers \_\_\_\_\_

**GARDENERS AND LANDSCAPERS**

**Experience** \_\_\_\_\_

**EVERYONE:**

**Social Service training**                       **Licensed Therapist**  
what professional training/certification? \_\_\_\_\_

**Medical/EMT training?** (what area) \_\_\_\_\_ licensed? \_\_\_\_\_ In what state? \_\_\_\_\_

**Other** (cooking, legal services, banking, pastor, massage therapist etc. - be creative)

**PAYMENT ENCLOSED: Non-Refundable Deposit**

**\$500.00**

**BALANCE TO BE PAID BY 2 MONTHS BEFORE THE TRIP**

**\$650.00**

(\$700 starting Feb. 09)

**TOTAL**

**\$1150.00** (includes airfare. The price will increase, however, if airfare is more than \$500 per person) (\$1200 starting Feb. 09)

**MAKE CHECKS PAYABLE TO - MACUCC**

**MAIL THIS FORM AND YOUR DEPOSIT TO:**

The Rev. Shantia Wright-Gray  
c/o Mellyn Shurtleff  
107 North Row Rd.  
Sterling, MA 01564

**SECOND PAYMENT:** should also be made out to MACUCC and sent to Mellyn

