

# OKLAHOMA VOLUNTEERS IN MISSION

## Confirmation Form

Please copy and complete the following Confirmation Form and send to:

Volunteers In Mission Registration  
1501 NW 24<sup>th</sup> Street  
Oklahoma City, OK 73106

Fax: 405-530-2048  
Phone: 405-530-2029 or Toll Free: 800-231-4166  
Visit our Web Site: <http://www.okvim.org/>

Team Leader Name: \_\_\_\_\_

Team Leader Training Location: \_\_\_\_\_ Team Leader Training Date: \_\_\_\_\_

Address: \_\_\_\_\_ Team Leader Application Mailed To OKVIM: \_\_\_ Yes \_\_\_ No

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

E-mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

PHONE (wk): \_\_\_\_/\_\_\_\_-\_\_\_\_ (hm): \_\_\_\_/\_\_\_\_-\_\_\_\_ (cell): \_\_\_\_/\_\_\_\_-\_\_\_\_

LOCAL CHURCH AFFILIATION: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Enclosed is our Confirmation Fee of  \$25 for team originating in Oklahoma ([Non-refundable & Non-transferable](#))

\$50 for team not originating in Oklahoma ([Non-refundable & Non-transferable](#))

### Preferred Mission Location:

Oklahoma (District)  Ardmore  Bartlesville  Clinton  Enid  Lawton  McAlester  Muskogee

NOKC  SOKC  Stillwater  Tulsa  Woodward

City: \_\_\_\_\_ Project Name: \_\_\_\_\_ Other Project: \_\_\_\_\_

Oklahoma Indian Missionary Conference (OIMC): OIMC Mission Site Name: \_\_\_\_\_

National (Jurisdiction):  South Central  North Central  Southeastern  Northeastern  Western

State: \_\_\_\_\_ Project Name: \_\_\_\_\_ Other Known Location: \_\_\_\_\_

Mexico  Border Area  Monterrey/Salttillo  Villahermosa  Puebla  Juarez  Pitorreal Other \_\_\_\_\_

Other International Country \_\_\_\_\_

Disaster Early Response Team (DERT)

### Preferred Mission Dates (Please submit three):

1. Depart Origin	Arrive Destination	Work	Depart Destination	Arrive Origin
Dates: _____	Dates: _____	Dates: _____	Dates: _____	Dates: _____

2. Depart Origin	Arrive Destination	Work	Depart Destination	Arrive Origin
Dates: _____	Dates: _____	Dates: _____	Dates: _____	Dates: _____

3. Depart Origin	Arrive Destination	Work	Depart Destination	Arrive Origin
Dates: _____	Dates: _____	Dates: _____	Dates: _____	Dates: _____

Approximate makeup of our team will be (give estimated number in each category):

\_\_\_\_\_ 12-14yrs \_\_\_\_\_ 15-17yrs \_\_\_\_\_ 18-24yrs \_\_\_\_\_ 25yrs + \_\_\_\_\_ Families with 12 or younger

Type of mission work:  Construction  Medical  Mission Bible School (check all that apply)

Please list team member's specific skills (Very Important!): \_\_\_\_\_

Is this team open to outside members?  Yes  No Notes: \_\_\_\_\_

Please use back of form for additional notes to OKVIM

OKVIM Staff Use: Team # \_\_\_\_\_