



OVERNIGHT TEAM APPLICATION

"A NEST for today . . . HOPE for tomorrow"

This application begins the registration process. Dates are not secured until confirmed by a Robin's Nest coordinator.

TEAM LEADER INFORMATION

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTRY: _____

DATE OF BIRTH: ____ / ____ / ____ (minimum age 21)

COUNTRY OF CITIZENSHIP: _____ BIRTHPLACE: _____

PHONE NUMBER: (_____) _____ - _____

EMAIL: _____ @ _____ . _____

CHURCH YOU ATTEND: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTRY: _____

WEBSITE: _____

TEAM INFORMATION

EXPECTED TEAM SIZE: ____ (maximum size 16)

MALE PARTICIPANTS: ____ FEMALE PARTICIPANTS: ____

GENERAL TEAM CATEGORY: CHURCH ORGANIZATION FAMILY
 K-12TH GRADE UNIVERSITY OTHER: _____

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTRY: _____

EMAIL: _____ @ _____ . _____

SERVING INFORMATION

PREFERRED DATES TO SERVE: MONTH/DAY(S) _____ YEAR _____

HOW DID YOU HEAR ABOUT THIS SERVING OPPORTUNITY? _____

WHY ARE YOU INTERESTED IN SERVING AT ROBINS' NEST? _____

HAVE YOU/YOUR GROUP HAD PREVIOUS EXPERIENCE IN MISSIONS? IF YES, PLEASE EXPLAIN. _____

WHAT ARE YOUR GOALS/EXPECTATIONS FOR YOUR TIME SERVING AT ROBIN'S NEST? _____

HOW WILL YOU/YOUR TEAM IMPACT THE NEST CHILDREN, STAFF AND DIRECTORS? _____

LIST YOUR TEAMS' GIFTS / TALENTS YOU FEEL COULD CONTRIBUTE TO THE EXPERIENCE:

- | | | | | |
|-------------------------------------|------------------------------------|-----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> GARDENING | <input type="checkbox"/> PAINTING | <input type="checkbox"/> SEWING | <input type="checkbox"/> MEDICAL |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> TEACHING | <input type="checkbox"/> OTHER: _____ | |

ADDITIONAL OCCUPATIONS/HOBBIES:

SUBMISSION INSTRUCTIONS

Thank you for your interest and support in Robin’s Nest Children’s Home. We truly treasure the time and resources that people like yourself sacrifice to serve the children, staff and community in Jamaica. Please completely fill out the application and email it to:

robins.nest.trips@gmail.com

You will receive a confirmation email once your application is received with more information to follow.

CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement is made between Robin’s Nest Children’s Home incorporated in Lake Elmo, Minnesota, USA; Board of Directors and you to protect all confidential material or information specific to the operation of Robin’s Nest Children’s Home or the individual children placed under their care by the Child Protection Agency of Jamaica.

Any information obtained during a visit with a staff member, or individual child under their care, or photograph taken, may not be shared verbally, through printed document or through social media.

This agreement sets forth the entire understanding between parties regarding confidentiality. The obligations of confidentiality shall serve indefinitely from the date of signature below.

Signature: _____

Date: ___ ___ / ___ ___ / ___ ___