

**MINISTRY AMONG NATIVE AMERICANS, INC.**

P.O. BOX 1453  
PAGE, AZ 86040  
(316) 734-9957

E-Mail: [tonynltd@juno.com](mailto:tonynltd@juno.com)

**SUMMER MINISTRIES APPLICATION**  
(To be filled out by persons 12 and over.)

Application for serving on a team for Ministry Among Native Americans, Inc.

Summer: \_\_\_\_\_ Other: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Marital Status: Single: \_\_\_\_\_ Engaged: \_\_\_\_\_ Married: \_\_\_\_\_ Widowed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date(s) available to serve: \_\_\_\_\_

Church membership/attendance: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Please list any health conditions or special needs. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell me about your relationship with God: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any interests or hobbies, skills or gifts: \_\_\_\_\_

\_\_\_\_\_

Do you play a musical instrument or sing? \_\_\_\_\_ Instrument: \_\_\_\_\_

Please give the name, address and phone number of your Pastor and one other Christian person (*other than your family*) as a reference.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ am willing to abide by the policies set forth by Ministry Among Native Americans, Inc. and I will not use alcohol, drugs or tobacco on location. Please contact Tony Brown at (316) 734-9957 for orientation information.

I will be responsible for my health and accident insurance coverage. I specifically agree to hold MANA, Inc. harmless as to any claim for damages for any accident or injury of any kind resulting from my participation. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by my health insurance provider.

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

Signature of Parent or Guardian: \_\_\_\_\_  
(If a minor)

Fees are \$65 per person (with a \$350 cap for families of 6 or more) per week this includes food for teams and VBS participants. You are responsible for your own bedding and tents for lodging. Transportation costs to and from are your responsibility. These funds should be made payable directly to M.A.N.A., Inc.

**This completed application and a copy of Medical Insurance information should be mailed, with payment to M.A.N.A., Inc., P.O. Box 1453, Page, AZ 86040 sixty days in advance of scheduled time.**