



EXPEDITION ESWATINI

July 2021

APPLICATION PACKET

Sumter First Church of the Nazarene

Sumternaz.org

Contact Information

Sumter First Church of the Nazarene

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Important Deadlines

August 28, 2020

Please return:

- The completed application
- \$500.00 Payment

November 15, 2020

- \$1,000.00 Payment

February 14, 2021

- A completed and signed copy of the Medical Release Form
- Unaccompanied Minor Form (if applicable)
- A photocopy of the photo page of your valid U.S. passport, which does not expire within 6 months of the trip return date and has at least 2 blank pages on the passport.
- \$1,000.00 Payment

April 18, 2021

- \$500.00 Payment



ESWATINI APPLICATION FORM

Payment Information:

1st Deposit \$ 500 Aug 28
 2nd Deposit \$ 1,000 Nov 15
 3rd Deposit \$ 1,000 Feb 14
 Final Deposit \$ 500 April 18

PERSONAL DATA

Print: Full Legal Name

First _____ Middle _____ Last _____

Date of Birth _____ Age _____ Gender _____

Address _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell # _____ Cell Provider _____

E-mail Address: _____

Shirt size: _____ List any previous mission trips: _____

PASSPORT INFORMATION

Passport Number: _____ Country of Citizenship: _____

Place and date of issue: _____ Expiration Date _____

List previous citizenships, if any _____ Place of Birth: _____

City _____ State _____

Important: You need to have a passport, valid for at least 6 months AFTER the end of the trip. If you do not yet have a passport, you need to apply for one as soon as possible.

EMERGENCY INFORMATION

In case of emergency, please notify: Name: _____

Address _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell # _____ Relationship _____

E-mail Address: _____

By signing this contract, I am indicating that I have decided to participate in the Expedition Eswatini trip. I realize my behavior on this trip is a reflection upon Christ and my church. I understand the deadlines for monies due and that personal funding is my responsibility. In the event that I am unable to attend, I realize \$500.00 is nonrefundable.

Signature

Date

Personal Skills and Services

PTeam Member Information Sheet - Please rate skills on a scale of 1 to 5 (5 being the most skilled)

Architect	1	2	3	4	5	Art-Layout-Design	1	2	3	4	5
Air Conditioning	1	2	3	4	5	Bookkeeping	1	2	3	4	5
Aluminum/Vinyl Siding	1	2	3	4	5	Cleaning	1	2	3	4	5
Blocklayer	1	2	3	4	5	Cooking	1	2	3	4	5
Bricklayer	1	2	3	4	5	Dishwashing	1	2	3	4	5
Cabinetmaker	1	2	3	4	5	First Aid	1	2	3	4	5
Carpenter	1	2	3	4	5	First Aid - CPR function	1	2	3	4	5
Cement Worker	1	2	3	4	5	Journalist	1	2	3	4	5
Cement Finisher	1	2	3	4	5	Laundry	1	2	3	4	5
Computer Hardware	1	2	3	4	5	General Office Work	1	2	3	4	5
Computer Software	1	2	3	4	5	Photographer	1	2	3	4	5
Electrician	1	2	3	4	5	Sewing	1	2	3	4	5
Engineer (specify below)	1	2	3	4	5	Typing	1	2	3	4	5
Framing (including layout)	1	2	3	4	5	Tiling	1	2	3	4	5
Heating	1	2	3	4	5	Medical Professional	1	2	3	4	5
Iron Worker	1	2	3	4	5	Teacher	1	2	3	4	5
Mechanic	1	2	3	4	5	Personal Evangelist	1	2	3	4	5
Painter	1	2	3	4	5	Play Instrument	1	2	3	4	5
Plumber	1	2	3	4	5	Preacher	1	2	3	4	5
Roofing (specify below)	1	2	3	4	5	Singer	1	2	3	4	5
Supervisor/Leadership	1	2	3	4	5	VBS Worker	1	2	3	4	5
Welder	1	2	3	4	5	Other	1	2	3	4	5

Additional details, comments, or remarks:

MEDICAL RELEASE FORM



Each team member is to complete the following medical release, and have it notarized before departure. In the case of a minor, the parent or legal guardian should complete, sign and have notarized.

NOTE TO TEAM COORDINATOR: The signed and notarized copies of the medical release **must be taken to the field by you** since they may be required by the hospital or doctor before medical assistance can be given.

Date: _____

I hereby give _____ (team coordinator) and

_____ (team member) permission to secure immediate medical treatment for me in the event that I am not able to make that decision due to an injury or illness. In the case of a minor, I, the legal guardian, give permission to the aforementioned to secure immediate medical treatment for my child in the event of accident or illness. In either case it will be from the date of

_____, _____ to _____, _____.

NAME: (Print) _____

SIGNATURE: _____

(If minor-guardian's signature)

STATE OF _____

COUNTY OF _____

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

Notary

Expiration and Seal



UNACCOMPANIED MINOR FORM

To Whom It May Concern:

I give my permission for _____ to travel to
(minor, 17 years and under)

South Africa and Eswatini Africa. I give my permission for _____
(minor, 17 years and under)

to travel in the company of _____,
(Adult's Name)

_____ from July 21, 2021 to August 8, 2021.
(Adult's Passport #)

PARENT/LEGAL GUARDIAN

DATE _____

PARENT/LEGAL GUARDIAN

DATE _____

NOTARY _____

DATE _____

(SEAL)

SAMPLE SUPPORT LETTER

It is natural to have some feelings of discomfort in asking others to help support you in going on a mission's trip. But keep in mind that you are not asking money for yourself, but instead are giving them the chance to partner with you in fulfilling the Great Commission. This sample letter is meant as a guide to give you an idea of how to write your own support letter. Try not to copy it word for word but instead give your letter a personal touch. Consider adding graphics such as a picture of you, map of the country you are going to, etc.

Dear << Name >>,

Next summer I have the wonderful opportunity of going to Eswatini Africa on a mission's trip with my church, Sumter First Church of the Nazarene. God has put this trip on my heart and I desire to go and be used by Him for His glory and minister to the people of Africa.

The trip to Eswatini is scheduled for July 22 - August 7th. Before we depart we will be spending time in orientation and preparing for various ministry opportunities. Ministry opportunities being planned include updating the administration building of the satellite campus of Southern Africa Nazarene University, which is in the small rural town of Siteki. We will also be holding Bible School and ministering to homeless Aids orphans, just to name a few.

Before this trip can take place I need to trust God to provide a team of partners who will support me both in prayer as well as in finances. Some current prayer requests I have are:

Praying for the people of Eswatini that we will meet
Pray as we spread the gospel to those who have never heard the name of Jesus before
Pray for the team's safety

Thank you for praying for me. If you would be willing to be a prayer partner please let me know and I will send you more prayer requests prior to our departure.

The cost of the trip is approximately \$3,000.00, which includes all my travel, lodging, and food. I am expected to have the balance of the money by April 18th but I can make regular deposits towards my account. You can send your gift to me at the address above or directly to Sumter First Nazarene 3700 Patriot Parkway Sumter, SC 29154. Please reference my name on your donation. You will receive a tax-deductible receipt from Sumter First Church of the Nazarene for your gift.

Thank you so much for the time and consideration that you've given this request.

Sincerely in Christ,