**Upper New York Conference VIM Team Roster**

**Please fill in ALL questions unless marked optional. May use NA for not applicable.**

**Sponsoring (Sending) Church, District or Conference:** Click or tap here to enter text.

**Team Leader:** Click or tap here to enter text.

**Team Leader Email:** Click or tap here to enter text.

**Team Leader Number:** Click or tap here to enter text.

**Team Leader Address:** Click or tap here to enter text.

**Is Team Leader VIM Trained? Yes** [ ] **No**[ ]

**Beginning Trip Date:** Click or tap to enter a date.

**Ending Trip Date:** Click or tap to enter a date.

**Total # of Work Days (excluding travel, sightseeing etc.):** Click

**Location of Service (City, State)(City, Country):**

**Name of Organization where you will serve (if applicable):** Click or tap here to enter text.

**Number of Team Members over 36 years old:** Click .

**Number of Team Members 18-35 years old:** Click

**Number of Team Members 0-17 years old:** Click.

**Number of Team Members NEW to missions (be sure to mark their names with an N in list:** Click.

**Project Type (Early Response Team, Long Term Recovery, Construction, Medical, Relational/Educational etc)**

Click or tap here to enter text.

**Please List Team Members and age bracket (A= 36+, YA= 18-35 or Y=0-17)(Any New to Missions Mark N):**

Click or tap here to enter text.

**Additional Comments:** Click or tap here to enter text.