



APPLICATION FOR SERVICE

Applications Must Be Received By: **SEPTEMBER 20, 2018**

FOR INTERNAL USE ONLY

Selected? **Y N** If not selected, why? _____
Follow-Up Call Needed? **Y N** Date and Time of Call: _____ Call Made By: _____
Date and Time of Home Visit: _____ Visited By: _____ Follow-Up Visit Needed? **Y N**

GENERAL INFORMATION

Name: _____ Street Address: _____
Cell Phone Number: _____
Email Address: _____
How did you hear about us? _____

INFORMATION ABOUT YOUR HOME:

Do you own this home? **Y N** If rental, provide Landlord's name and phone number: _____
What year was the home built? _____ How long have you lived in this home? _____
Type of home (Circle One): **MOBILE HOME / TRAILER SINGLE FAMILY HOUSE MULTI FAMILY HOUSE OTHER**
Do you have pets? **Y N** If yes: _____ Would volunteers have access to restrooms? **Y N**

WORK REQUESTED

Mission Possible cannot accept applications requesting work on roofing, plumbing, electrical or anything else that may require a licensed professional.

Describe in detail the work being requested: _____

Can Homeowner assist with providing supplies? **Y N** If yes: _____ Is this work: **INDOOR OUTDOOR**
NOTE: This does not determine if your application will be granted, or denied.

HOME VISIT

Prior to Application Approval, a home visit is required to take place for our team to understand the extent of the work being requested.
The below information will help us coordinate availability for such visits.

Which day(s) would you be available for a home visit during the week of **SEPTEMBER 30 - OCTOBER 6** (circle all that apply):

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

Time of Day you would be available (circle all that apply):

Week Days: **10am - 4pm 4pm - 6pm 7pm - 9pm** Weekends: **10am - 4pm 4pm - 6pm 7pm - 9pm**

VERIFICATION

To be the best of my knowledge, I certify that the information in this application is true and correct, and that the home listed is my primary residence. I understand that Mission Possible is a volunteer-based mission and is only able to assist applicants in a limited capacity. I hereby **RELEASE, WAIVE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** the United Methodist Church at Shrub Oak ("UMCSO"), including its employees, staff, volunteers, members, invitees and anyone else in any manner associated with UMCSO (collectively referred to as "UMCSO RELEASEES") from any and all liabilities, claims, demands or actions arising out of or related to any loss, damage, or injury, including death, **WHETHER CAUSED BY THE NEGLIGENCE OF THE UMCSO RELEASEES, or otherwise, in any way related to or arising from or in connection with any services provided to me or for my benefit or at my home.** I agree that if my project is selected I will make time available for a home visit discussed above and remain at home during the entire window of service on Saturday, October 20, 2018.

Signature: _____

Date: _____

Applications must be emailed to:
MissionPossible.UMCSO@gmail.com

or mailed to: UMCSO c/o Mission Possible
1176 E. Main St, Shrub Oak NY, 10588