MID-ATLANTIC DISTRICT

TECHNOLOGY

NAZARENE

MISSIONS

FENEROCET

FORTS

Chiclayo, Perú

NMI Youth Mission Team

- Opportunity for 7th grade to college age youth
- Dates: December 30, 2025 –
 January 9, 2025
- Cost: \$2,000
- Project: pouring concrete floors in church buildings, Bible school, and purity classes

Churches:

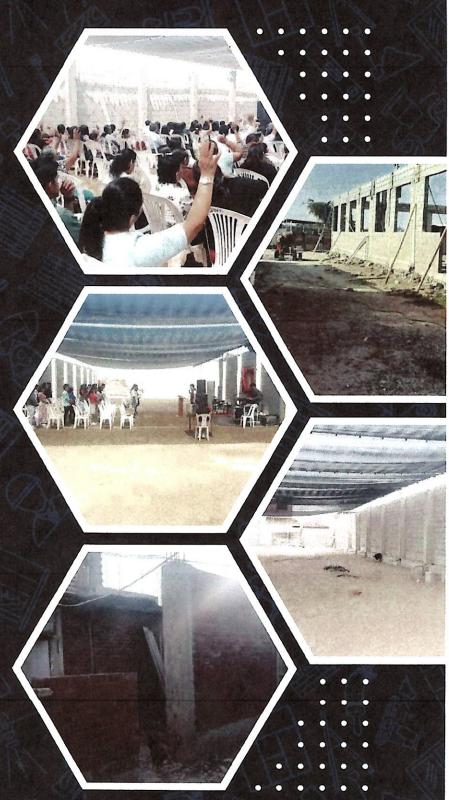
- Mórrope District
- Túcume District

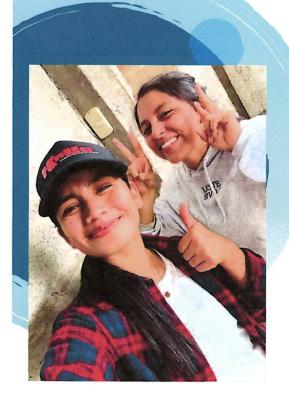
Contact Us:

Contact us for applications or for more information.

James and Sheila Ellison email: jimnsis82@yahoo.com cell: (302)-593-2507









PO Box 160 Rising Sun, MD 21911



302-593-2507 Jim 443-907-4051



Jimnsis82@yahoo.com



MADNMI.org

Stand Beside Me' Part TwoNazarene Youth Team sharing the love of Jesus in a real concrete way in Peru!

Join our Team to Partner with several more churches in Peru. You will make a tremendous difference in their ministry for Christ!!!

Dear Team member,

We have found by experience that if you partner with a church and meet a need they have they are energized to grow and work for the Lord. Our willingness to give our resources and help work to give them something as basic as a concrete floor in their church inspires them to give of themselves and their resources to expand their ministries. We have seen tremendous growth in each church time after time when we return to visit. Many times they have doubled or tripled in size and are so full of the Love of Jesus. They are helping to plant new churches and expand their own. It is unexplainable how just a small gesture of one day of work can lift the whole group of people to abounding hope and a new vision. I hope you can join us and see for yourself how much "Standing Beside" a church can strengthen their desire to serve the Lord!

We will be pouring several more concrete floors in churches that are worshipping in buildings with dirt floors.

Our plans are;

- Bible School for the children
 Porcelain Hearts Program for the young ladies
 Work Projects (concrete floors)
 Nightly Devotionals with National Youth and leaders
 Evening games, volleyball, soccer with nationals
- Beach trip and shopping

Please contact us with any questions, fill out an application. We can email you one or you can go on the website and download the app.

Thank you,
Jim and Sheila Ellison

Cost: \$2,000.00

We are planning to have a couple fundraiser events. One will be a Golf Tournament that you will be able to work at and receive funds to help you go. There are scholarships available. God always makes a way where there seems to be no way! Nothing is impossible with Him!!! Let me know if you are needing financial help please.

Please send Application with \$100.00, then follow the payment schedule.

May 20 - \$300, June 20 - \$300, July 20 - \$300, August 20 \$300, September 20 - \$300, October 20 - \$300, November 20, \$100

Shots: You will want to be sure your Tetanus shot is up to date

Passports; If you do not have a passport you will want to begin the process as soon as you can. Sometimes it can takes several months for it to come in. Also very important, be sure the passport you have is valid for at least six months after the time of departure. So, your current passport would need to be good until July 9, 2026.

Forms: There will be several forms that will be sent to you after your application is accepted. They are forms that need to be downloaded with the Kansas City Office. We will help you with this process if needed. Everything is electronic now.

Orientation meeting; We will have a meeting at our address for a time of fellowship and to get acquainted with what our schedule will look like, what is expected as far as dress code, and to answer any questions you might have about the trip. We will go over the work/ministry plans, travel arrangements and safety issues so we are all ready to travel as a group. Of course, we will answer any question you have anytime until then as well. We will have plenty of pizza for lunch and get to know each other a little before we go. This meeting will be in November.

Contact information

Jim and Sheila Ellison – jimnsis82@yahoo.com

Jim - 302-593-2507, Sheila - 443-907-4051

PO Box 160, Rising Sun, MD 21911

Please make all checks payable to MAD NMI and mail to us so we can record all the payments. We will send them in to the treasurer for deposit after we have credited your account. Thank You!

VVUKE & VVIIIVESS

Team Member Information Sheet



| Complete and send to Team Coordinator: | Project: | | No. |
|--|-------------|--|--|
| | Proj. Date: | | Date Rec'd. |
| Date | M or F | Emergency Contact (while you are on the | he project): |
| Last First | Middle | | |
| Spouse | | List previous Work & Witness participa | ntion: |
| Address | | | |
| City State | Zip | | |
| Phone () | | to detail a second and the second an | |
| Phone () | | | |
| E-mail Address | | List local and district church activities: | |
| Date of Birth | | | |
| Citizenship | | | |
| Social Security No. | | Local church | |
| Have you traveled outside of your home country before? | | Member? | |
| Specify | | Pastor | |
| Valid Passport? Expiration Date | | Church Address | |
| Passport No. | | Phone | |
| Education (Number of years completed) | | Summarize your Christian testimony: | |
| High School College | | (4) | |
| Foreign Language (s) | | | |
| Occupation | | | |
| Position held | | | |
| Employer | | | |
| Physical Condition Good Fair | Poor | | |
| Specify if under doctor's care: | | 1 | The second secon |
| | | Applicant Signature: | |



Health Questionnaire Form

Team Coordinator please photocopy and distribute to all team members

Please place a check mark beside any of the health conditions that you may have at the present time or have had in the past. It is important that your team leader be aware of any medical problems that may arise while on the trip. Please use the comment space below to ass any existing conditions that may not be listed.

| <u>Heart</u> | | |
|---|---|--|
| Heart Surgeries | Diet | |
| Bypasses | Diabetes | |
| Heart Medications | Prescribed Insulin | |
| (list below in comment section) | Hypoglycemia | |
| Pace Maker | Diet Restrictions | |
| High blood pressure | <u>Other</u> | |
| Lungs | Allergies (list below in comment section) | |
| Asthma | Phobias (heights, crowds, etc.) | |
| Emphysema | Epilepsy (or any other seizure condition) | |
| High Altitudes | Anxiety - please give detailed ingo | |
| | Depression | |
| | Dementia (or any other memory issues) | |
| Medications- (please list all current medications and dosages) please let us know y you are under a Dis care. | | |
| | | |

Comments