



# Tree of Life Ministry

140 S. Roosevelt Street, Mission, SD 57555-0149  
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**Initial Application: Mission Work Team**

Church/Organization/School \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Telephone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**Which is your facility preference?** ( ) Kola Tipi sleeps 20 ( ) West Wing sleeps 36 ( ) West Wing Apt. sleeps 6

**Deposit** \$200 (not returnable) Please return this completed application with the \$200 deposit fee. We cannot accept application, or hold a date without this fee.

**VIM service stay** per person \$300.00 due two months before arrival balance due two weeks before arrival  
*25% of amount is fair market value, 75% is donation towards ministry*

**What are your choice of dates?** (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice) \_\_\_\_\_

**Group Size:** \_\_\_\_\_ youth ages 12-18 / \_\_\_\_\_ adults / \_\_\_\_\_ Total

- Please confirm the number attending at least 2 weeks prior to arrival.

**Interest in Cultural Events?** ( ) Lakota Spirituality / ( ) Reservation Politics / ( ) Lakota Culture /  
( ) Traditional Dancing / ( ) Youth Issues / ( ) Lakota Craft Class / ( ) Other: \_\_\_\_\_

**Interest in Work Projects?**

- ( ) Construction & remodeling ( ) Special construction projects ( ) Food Distribution ( ) Meal Service
- ( ) Clothing Distribution ( ) Sewing ( ) Medical: nursing/MD/dental ( ) Off-site 2-3 day projects
- ( ) Gardening ( ) Other: \_\_\_\_\_

**Special Skills?** If anyone in your groups has special skills (roofing, plumbing, electrical, etc.) please list:  
Construction, plumbing, Electrical

Has your group participated in any other such mission work projects? ( ) yes ( ) no  
If yes, please list the dates, sites and projects:

**Note for Work Teams:** Please return this completed application with the \$200 application fee. We cannot accept the application, or hold a date without this fee. The application fee is your security deposit.

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Deposit \_\_\_\_\_ First Payment \_\_\_\_\_ Second Payment \_\_\_\_\_ Balance \_\_\_\_\_

FACILITY: \_\_\_\_\_ CONFIRMATION DATE: \_\_\_\_\_

SPECIAL ARRANGEMENTS; \_\_\_\_\_