



In partnership with:

The PET Mobility Project Foundation, Inc.
12801 W. Highway EE,
Rocheport, MO 65279

YOUNG LEADER'S APPLICATION TO THE JOANN SHORE FUND FOR SERVANT LEADERSHIP RE PARTICIPATION IN AN INTERNATIONAL DISTRIBUTION TRIP WITH MOBILITY WORLDWIDE (AGES 18-35)

Name: _____ DOB: _____

Postal Address (street, city, state, zip) _____

Email Address: _____ Phone: _____

Employment/Student Status: _____ If Employed, Where: _____ Job Title: _____

Student/Major Course of Study: _____ Projected graduation date: _____

Affiliations at school: (Student government, fraternity or sorority, campus ministry, service organizations (Circle K, Rotaract, Optimists, Engineers or Doctors Without Borders, etc.):

_____ Local Mobility Worldwide affiliate shop (identify if known): _____

How are you acquainted with Mobility Worldwide: _____

Faith Tradition: _____ Community Service Experience: _____

_____ Past Volunteer Experience: _____

_____ If above was international, list country and dates: _____

Language fluency: _____ Studies or in-country immersion: _____

Skill sets (i.ee, photography (other than phone), videography, computer/software fluency, EMT, medical or skilled nursing training, carpentry, light construction, work with children or handicapped, music, etc.): _____

Explain why you are interested in a Mobility Worldwide distribution trip: (50 words maximum):

Dietary or physical limitations? What does Mobility Worldwide need to know about your general health, etc. to make reasonable accommodation?: _____

If accepted for a grant and related distribution trip, what would be the best time of year for your participation? (Typical distribution trips are a week to ten days): winter/holiday break _____
spring break _____ summer _____

Is there a specific distribution trip (affiliate shop/destination country/dates) that you are aware of and would like to take part in?: _____

Have you discussed your desire to take part in the above with an affiliate representative?: _____
Who: _____

Grants are expected to be matching grants, with the affiliate shop involved and the participant also underwriting part of the participant's expenses. Has this been discussed with an affiliate representative?: _____ Who: _____

If you know, what are the anticipated total expenses expected for participation in the specific distribution trip mentioned above: _____

What portion are you seeking a grant for?: _____ What do you plan or expect to contribute?: _____

If accepted for a grant and a distribution trip, how would you plan to share your experience upon your return?: _____

Please list three references or persons who know you well; non-family members who could be contacted for a brief phone reference discussion:

Contact and Title	Phone	Email
-------------------	-------	-------

- 1.
- 2.
- 3.

Send Application by email to: Robert L. Fleming, robflaming1@juno.com

Or by mail: c/o PET Mobility Project Foundation, Inc.
12801 W. Highway EE
Rocheport, MO 65279