



INTERNATIONAL MISSION · NIGERIA AND THE GAMBIA

Mission Team *Interest Form*

Joseph Ante Foundation
Nation Builders Gospel Network
IRS 501(c)(3) · EIN 85-3083828

Volunteers must be 18 years of age or older to travel internationally with the Foundation. Teams travel to active program communities in Nigeria, primarily Akwa Ibom State, to serve alongside our local teams in book distributions, educational outreach, health programs, hospital visitation, community construction, and faith gatherings. Complete both pages. Our team will respond within three to five business days to discuss dates, costs, and next steps.

1 Applicant Details

FULL NAME, EXACTLY AS PRINTED IN YOUR PASSPORT

DATE OF BIRTH (MUST BE 18+)

EMAIL ADDRESS

PHONE / WHATSAPP

HOME ADDRESS, CITY, STATE, COUNTRY

NATIONALITY

CHURCH OR ORGANIZATION

PROFESSION OR FIELD OF STUDY

2 Who Is Travelling

- | | | |
|---|---|--|
| ☐ Individual student | ☐ Student group | ☐ Church group |
| ☐ Nonprofit team | ☐ Corporate or professional team | ☐ Other: _____ |
| ☐ Travelling alone | ☐ Group of 2 to 5 | ☐ Group of 6 to 15 |
| | | ☐ Group of 16 or more |

3 When You Could Travel

- | | | | |
|---|--|---|---|
| ☐ Mission 2027 (dates to be announced) | ☐ Early 2027 | ☐ Summer 2027 | ☐ Flexible, open to discussion |
| ☐ Up to 1 week | ☐ About 2 weeks | ☐ The full 30-day season | ☐ Other: _____ |

4 Where You Would Like to Serve

TICK ALL THAT APPLY

- | | | |
|--|--|---|
| ☐ Education and book distribution | ☐ Health and medical outreach | ☐ Construction and development |
| ☐ Faith gatherings and outreach | ☐ Business and entrepreneurship | ☐ Youth mentorship |
| ☐ Media, photography, design | ☐ Logistics and team support | ☐ General outreach, all areas |

5 Skills You Bring

LICENSES OR CERTIFICATIONS (RN, MD, PHARMACIST, TEACHER, TRADE)

LICENCE NUMBER, IF MEDICAL

LANGUAGES SPOKEN

PREVIOUS MISSION OR INTERNATIONAL TRAVEL EXPERIENCE

HOW DID YOU HEAR ABOUT THE JOSEPH ANTE FOUNDATION?

6 Anything We Should Know at This Stage?



Travel Readiness *and Consent*

Name: _____

7 Travel Documents and Health

☐ I hold a valid passport☐ I will need guidance on the Nigerian visa☐ I will arrange travel insurance☐ Passport expiry date: _____☐ My yellow fever vaccination is current☐ I have travelled internationally beforeMEDICAL CONDITIONS, ALLERGIES, OR MEDICATION WE SHOULD KNOW ABOUT

_____DIETARY NEEDS OR MOBILITY CONSIDERATIONS

8 Emergency Contact

FULL NAME

RELATIONSHIP TO YOU

PHONE / WHATSAPP

EMAIL ADDRESS

9 Why Do You Want to Serve With Us?

10 Consent and Signature

This form registers your interest. It is **not** a booking and does not commit you or the Foundation to travel. A member of our team will contact you to discuss dates, travel costs, and the next steps before anything is confirmed.

☐ I confirm that I am 18 years of age or older.☐ The information I have given is accurate to the best of my knowledge.☐ I give permission for photos or video of me taken on the field to be used in Foundation materials.☐ I am willing to complete a background check if I will serve with children or youth.☐ Please keep me updated about upcoming mission seasons.

SIGNATURE

DATE

FOUNDATION USE ONLY

Received by

Date

Season

Follow-up

Return this form to a team member, or email it to
info@jjante.com.



ANTEFOUNDATION.ORG