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## **HIM Short-Term Mission Teams**

### ***APPLICATION***

Please type or print your answers.

#### **General Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Marital Status \_\_\_\_\_ If married, name of spouse \_\_\_\_\_

#### **Service**

Why are you interested in serving with HIM and its client ministries? \_\_\_\_\_

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What type of service do you anticipate doing with HIM? \_\_\_\_\_

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Any physical conditions that should be considered? \_\_\_\_\_

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If you have done mission service before, what did or did not make it a rewarding experience?

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**Education and Experience**

Please list any education/training relevant to your skills.

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Give job experience relevant to the volunteer work you wish to do.

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**Christian Life and Service**

Name and address of the church you are presently attending \_\_\_\_\_

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Pastor or Leader \_\_\_\_\_

Phone \_\_\_\_\_

Give a brief sketch of your present relationship with God.

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In addition to your pastor, we would appreciate at least one other reference, **a good friend preferably ones acquainted with your skills and ability to work with others.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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In case of an emergency, whom should we contact?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

**INDIVIDUAL HEALTH INFORMATION**

**Team Leader** - This form is **required** to be completed by each team member and reviewed by the team leader. If there is a significant health condition and/or medication, please, send a copy of this form to HIM. *(However, do not send a copy to HIM if there is not a significant health condition.)*

**Participant** - As a project participant, you are asked to give the following health information, in order for the project leadership to be aware of any risk your participation may create. Project leaders are free to require a doctor’s release statement if a serious health problem exists. Failure to provide known information will release both the Team Leader, Helps International Ministries, and Project Leaders from responsibility arising due to complications brought on by the activities of this project.

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Please list the medical conditions for which you are currently being treated (use the back if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: If you are allergic to bee stings or have severe allergic reactions to any food or insect bites, please bring bee-sting kit or medications which counteract the effects of your severe allergic reactions.

**Date of last tetanus booster** \_\_\_\_\_ *(a tetanus booster is necessary every 10 years.)*

**If you are being treated for any condition with medication, please explain:**

(Include date of last treatment or office visit for each condition)

**What medication, if any, will you be taking during the project** (and for what purpose)?

**X**

Participant Signature

\_\_\_\_\_  
Date

If under 18 years old, signature of Parent/Guardian

\_\_\_\_\_  
Date

## RELEASE FORM

Participant – *please sign form before a notary public and return with signatures to your Team Leader*

Parents – *without a notarized medical consent form, your child may not be able to receive proper medical treatment in the event of an emergency.*

Team Leader – *send copy to HIM Short-Term Missions 30 days before the trip and take the original with you on the trip.*

Participant Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Mission Project and Dates: \_\_\_\_\_

Name and relationship of legal guardian: \_\_\_\_\_  
(if under 18 years of age)

### RELEASE OF LIABILITY

In consideration for being accepted for participation in volunteer service by Helps International Ministries, I, being 18 years of age or older\*, do hereby release, for-ever discharge and agree to hold harmless Helps International Ministries, Inc. and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned that occur while either or both aforementioned participate in any project or activity.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify Helps International Ministries, its directors, employees, and agents, for any liability sustained by Helps International Ministries as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I have read the foregoing and understand also that I am not covered by Helps International Ministries' Workmen's Compensation.

I have read and am in agreement with the Doctrinal Statement.

I will submit to the directions of the Project Manager and Helps International Ministries.

I will abstain from using tobacco products and alcoholic beverages while on the job site, and from the abuse and unnecessary dependency upon any drugs.

I will participate in daily devotions and strive to keep my relationship with God fresh.

I will maintain at all times, whether on or off the job, a lifestyle in accordance with the requirements of Scripture and, that therefore glorifies my Lord Jesus Christ, recognizing that I am ultimately responsible to God for my personal activities and conduct

**If you are in agreement with the above statements, please sign here:**

Signed: **X** \_\_\_\_\_

Date \_\_\_\_\_

\*If under age 18, signature of parent/legal guardian: \_\_\_\_\_

RELEASE FORM cont.

**IMMUNIZATIONS AND MEDICAL CONSENT FORM**

I have had all routine immunizations, (*dT-diphtheria, tetanus, MMR-measles, mumps, rubella and polio*).  
 Yes                     No

I have had a Tetanus Booster within the past 10 years  
 Yes                     No, but will have before the trip

I have checked with my doctor, the CDC (Center for Disease Control 877-394-8747 <http://www.cdc.gov>) or a travel clinic and am aware of the immunizations recommended and required for the area in which I will be traveling.  
 Yes                     No

In the event of a medical emergency, I hereby consent to the NECESSARY AND PROPER TREATMENT, surgery, and/or anesthetic by a \_\_\_\_\_ licensed physician or health care professional.

Signed: **X** \_\_\_\_\_  
Date \_\_\_\_\_

If under age 18, signature of parent/legal guardian: \_\_\_\_\_

**PERMISSION FOR MINORS TO TRAVEL**

As a parent or guardian, I give my permission for (name): \_\_\_\_\_  
to travel to (location): \_\_\_\_\_  
in order to participate in an HIM Short-Term Mission project on the following dates:

\_\_\_\_\_

Signature of parent/legal guardian: **X** \_\_\_\_\_

**NOTARIZED CERTIFICATE OF ACKNOWLEDGMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_ (Notary Seal Required)