

INTERNATIONAL NEEDS

GLOBAL MINISTRY TEAM APPLICATION



Please complete all fields. Where a response is not available, please put N/A.
Applications must include a \$500 deposit which will be applied to the trip cost.

Travel and Passport Information

Trip Name and Dates

Aquascape / Uganda – January 2017

Name as it Appears on Passport

Passport Number and Expiration Date

Nationality

What City Would You Like to Fly From?

Personal Information

Preferred Name (if different from above)

Gender

Marital Status

Date of Birth (mm/dd/yyyy) and Current Age

Occupation

Contact Information

Street Address

City, State, and Zip Code

Home Phone Number

Cell Phone Number

Email Address

Emergency Contact Information

Name and Relationship to You

Address

Cell Phone Number

Background Information

Why do you want to go on this mission trip?

Briefly describe here

Have you been on a mission trip before?

If yes, where?

What languages do you speak?

What countries have you visited?

How did you hear about this International Needs trip?

Church Information

Home Church Name and Phone Number

Address

City, State, and Zip Code

Pastor's Name and Email

References (please list two references that International Needs has permission to contact)

Reference 1 Name

Address

City, State, and Zip Code

Phone and Email

Reference 2 Name

Address

City, State, and Zip Code

Phone and Email

CONFIDENTIAL MEDICAL PROFILE

Health Insurance Company

Policy and Group Number

Physician Name and Phone Number

Blood Type

List Any Allergies

Special Dietary Requirements

List any prescription drugs you are taking, with dose and frequency:

Briefly describe here

Describe any illness(es) that you have had in the past 12 months:

Briefly describe here

Please describe any current or recurring health problems: (ex: diabetes, heart disease, limited mobility, fatigue, bad back, depression, other)

Briefly describe here

Have you been hospitalized or treated for mental health problems in the past 5 years? Yes No

If yes, please describe here

Within the past two years, have you had any indication, diagnosis, consultation, treatment, taken any medication(s), or received counseling for AIDS or AIDS related complex? Yes No

If yes, please describe here

Are there any health issues that could, for any reason, make this trip difficult for you? Yes No

If yes, please describe here

Have you had any training in First Aid Yes No

If yes, please describe here

I declare all the above information to be true and accurate to the best of my knowledge.

Signature _____

Date _____

BACKGROUND CONSENT FORM

I, _____ (applicant's name), hereby authorize International Needs to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state, or federal laws. This information will include, but not be limited to, allegations regarding and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until International Needs receives notification from that agency clearing me, my application will be deferred.

As an applicant for an International Needs trip, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of no contest or guilty, to any offense similar to those listed on the application. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of no contest or guilty to a petition of delinquency under the juvenile laws of this state or of any other state for any acts similar in nature to those listed on the application.

I further attest that I have not been judicially determined to have committed abuse or neglect of a child; nor do I have a confirmed report of child abuse or neglect or exploitation which has been uncontested or upheld administratively under the laws of this or any other state.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied an International Needs team position or, if already accepted, terminated from my International Needs team position.

Signature _____ Date _____

Full Name of Applicant
Date of Birth
Gender
Race
Social Security #
Street Address
City, State, and Zip Code

RELEASE OF MEDICAL LIABILITY FORM

I have chosen to establish a voluntary relationship with International Needs. I understand that I am a volunteer and not an employee, authorized agent, or any other official representative of International Needs. I understand that there are many risks involved in my voluntary service and hereby accept any and all risks either known or unknown as my own voluntary act.

I agree to hold International Needs harmless from any form of damages resulting from any loss, injury, or death which may result from or arise out of my voluntary relationship with International Needs. I understand that no payment to hostage takers will occur.

I release International Needs for myself, for my heirs, and for those responsible for my estate.

APPLICANT SIGNATURE _____ DATE _____

APPLICANT ADDRESS _____

WITNESS SIGNATURE _____ DATE _____

WITNESS ADDRESS _____

TRIP AGREEMENT FORM

If I am selected as a team member for this mission trip, I agree to cooperate wholeheartedly with my leader(s) and team members to accomplish the goals of the trip.

I fully understand that my role as a team member is:

- To raise all my required financial support before the required deadline
- To fully complete and participate in all pre and post trip training and evaluation materials sent to me by International Needs
- To serve my team and the people of the country I am visiting without passing judgment
- To respect and obey team leadership

APPLICANT SIGNATURE _____ DATE _____

PRINTED NAME _____

Application Check List

Please make sure all of the following are fully completed and enclosed. We strongly advise that you make a copy of these documents for your own records and reference.

- Application Form
- Confidential Medical Profile
- Background Check Consent Form
- Signed Release of Liability Form
- Signed Trip Agreement Form
- Photocopy of Your Passport Identification Page
- \$500 Deposit Payable to International Needs*

*The deposit will be returned in full up to six months prior to departure if, for any reason, you are unable to participate. Application deadline is four months prior to departure, after which time we cannot guarantee a spot or trip cost. If you've missed the deadline and still wish to participate, you must have a valid passport in hand and be willing to accept any applicable increase in airfare. Trip cost and airfare cannot be guaranteed if payments are not received by their due dates.

Send all checklist contents in one envelope to:

**Jodie Arroyo
International Needs
5570 32nd Ave
Hudsonville, MI 49426**