**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 | Ghana Oti Medical Team / January 23-February 3, 2024 |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photo/Video release

I hereby grant permission to International Needs to the rights, without payment or any other consideration, of my image, likeness, and sound of my voice as recorded on audio or video tape. Photographic, audio, or video recordings may be used by International Needs for the following purposes: informational presentations, promotional materials, newsletters, website, Facebook, and Instagram. Furthermore, I grant permission to International Needs to the rights of any photographic, audio, or video recordings that I obtained while on this trip.

# Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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:**

**Samantha Yarbrough**

**International Needs**

**5570 32nd Ave**

**Hudsonville, MI 49426**