



## APPLICATION FORM

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NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX:  MALE  FEMALE

RELIGIOUS AFFILIATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

FOREIGN TRAVEL: \_\_\_\_\_

DO YOU HAVE ANY HEALTH LIMITATIONS? \_\_\_\_\_

HAVE YOU BEEN ILL FOR AN EXTENDED PERIOD OF TIME DURING THE LAST SIX MONTHS?  YES  NO

LIST ANY PREVIOUS VOLUNTEER EXPERIENCE:  
\_\_\_\_\_  
\_\_\_\_\_

WHAT DO YOU HOPE TO CONTRIBUTE TO THE TEAM?  
\_\_\_\_\_  
\_\_\_\_\_

WHAT DO YOU HOPE TO GAIN FROM THE TRIP?  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE MEDICAL INSURANCE WHICH WILL COVER YOU WHILE ON THE TRIP?  YES  NO

COMPANY: \_\_\_\_\_ POLICY#: \_\_\_\_\_

WILL YOU ATTEND THE TRAINING SESSIONS AND PREPARATIONS?  YES  NO

IN CASE OF EMERGENCY NOTIFY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

## HEALTH HISTORY FORM

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NAME: \_\_\_\_\_

MEDICATIONS TAKEN REGULARLY (name, dosage, frequency)

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LIST ALLERGIES (medications, foods, insects, etc.)

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CHRONIC OR RECURRING ILLNESSES (if checked, given details)

- |  |                           |  |                                 |
|--|---------------------------|--|---------------------------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Diabetes                  | <input type="checkbox"/> YES <input type="checkbox"/> NO | Asthma                          |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Eyes/Ear Disease          | <input type="checkbox"/> YES <input type="checkbox"/> NO | Heart Disease                   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Pregnancy-Due Date        | <input type="checkbox"/> YES <input type="checkbox"/> NO | Skin Diseases                   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Stomach, Colon, Digestive | <input type="checkbox"/> YES <input type="checkbox"/> NO | Bleeding Disorder               |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Headache/Dizziness        | <input type="checkbox"/> YES <input type="checkbox"/> NO | Prostate/Urinary                |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Mental/Nervous Disorder   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Ovarian/Uterine                 |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | HIV Positive              | <input type="checkbox"/> YES <input type="checkbox"/> NO | Kidney Disease                  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Convulsions               | <input type="checkbox"/> YES <input type="checkbox"/> NO | Any Other Illnesses Not Covered |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Bone/Joint Disease        |  |                                 |

Are there any other Health Conditions or considerations that might affect your participation on this Medical Team?

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## COVENANT AGREEMENT

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IF SELECTED TO PARTICIPATE ON A BENEVOLENT MISSIONS INTERNATIONAL WORK TEAM, I WILL ABIDE BY THE FOLLOWING COVENANT:

1. Not to carry weapons of any kind.
2. Not to use illegal drugs.
3. To use alcoholic beverages in moderation.
4. To support the B.M.I. Team Coordinator and Medical Director.
5. To respect the views and personhood of other members of the team.
6. To respect the culture and people of the country we are working within.
7. To participate in reflection and evaluation sessions as scheduled.
8. To be a servant to other people, valuing and respecting all the people we work with.

I understand that if I fail by this Covenant Agreement, I may be immediately returned home at my own expense.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## RELEASE AND HOLD HARMLESS AGREEMENT

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In consideration of being permitted to participate in the programs and activities of Benevolent Missions International Work Teams, I assure all the risks and hazards incidental to the conduct of the program and activities, including transportation in those instances when it is offered. I knowingly release, absolve, indemnify, and hold harmless, Benevolent Missions International, its members, trustees, administrative officials, officers, and staff, as well as the organizers, sponsors, workers, and all others acting on behalf of the Benevolent Missions International or its programs or activities, from all claims that might result from injury, death, and/or damage.

This Release and Hold Harmless shall remain in effect until revoked by me in writing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Signature: \_\_\_\_\_

If I am the parent, legal guardian, or custodian of any minor participating in the programs and activities of Benevolent Missions International, I knowingly release, absolve, indemnify, and hold harmless Benevolent Missions International from all claims that might result from injury and/or death of any minor. I understand that this Release Hold Harmless Agreement pertains to all programs and activities, including transportation, of Benevolent Missions International.

This Release and Hold Harmless Agreement shall remain in effect until revoked by me in writing.

If signature is by a minor's parent, legal guardian, or custodian, please complete the following:

Minor's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Signature: \_\_\_\_\_