



SHORT-TERM TEAM MINISTRY Team Member Application

Please print clearly using a pen with either blue or black ink. Complete the application and return to your team leader with a \$100 check made payable to "Joy In Hope".

Group/Organization: _____

I am interested in a One Week Trip Two Week Trip Internship

Tentative date(s) or desired dates for travel: _____

PERSONAL AND CONTACT INFORMATION

Name (as it appears/will appear on Passport) _____

Other name(s) (ie. Nickname or name you casually go by) _____

Gender (M/F) _____ Age _____ Birth Date ____ / ____ / ____

Marital Status (circle one) Single Engaged Widowed/Divorced Married

If married, has your spouse also submitted a Short-Term Missions application? (circle one) Yes No

If yes, what is the name of your spouse? _____

Desired T-shirt size (circle one) Small Medium Large X-Large

Mailing Address _____

City _____ State _____ ZIP _____

Phone Number(_____) _____ Email Address _____

Other Address _____

City _____ State _____ ZIP _____

Phone Number(_____) _____ Email Address _____

Church Name _____

City _____ State _____ ZIP _____

Phone Number(_____) _____ Denomination _____

Reference (Pastor, mentor or Bible study leader)

Name _____ Relationship _____

Phone Number(_____) _____ Years Known _____

Education

Are you a current student? _____ High School or College (circle one) Year of Graduation _____

School Name _____ Degree/Major _____

Experience

Presently employed at _____ Occupation _____

List your work skills and hobbies _____

Travel Information

Have you traveled internationally before? _____ List countries _____

Passport Number _____ Date/Place of Issuance _____

Date of Expiration _____ Place of Birth _____

MEDICAL INFORMATION

Emergency Contact 1

Name _____ Relationship _____

Address _____ City, State, ZIP _____

Phone Number(_____) _____ Email Address _____

Emergency Contact 2

Name _____ Relationship _____

Address _____ City, State, ZIP _____

Phone Number(_____) _____ Email Address _____

Insurance Company _____ Policy No. _____

Phone No. _____ Policy Expiration Date _____

Date of last Tetanus _____ Date of last Polio/MMR shot _____ Blood Type _____

1. Have you ever suffered a serious illness, had surgery performed or been hospitalized? Yes No
If yes, please describe _____

2. Please describe any known allergies (food, drug or others). _____

3. Do you have any dietary restrictions? _____

4. Are you currently using any medications? If yes, please indicate medication and its use (dosage and purpose of medication). _____

5. Are you currently receiving medical treatment or under medical observation for anything? If yes, please describe. _____

6. Have you ever been treated for (or are now suffering from) emotional difficulties? _____

7. Do you have any other limitations or significant health conditions which might affect your involvement with Joy In Hope or which you believe your physician would want us to know about? _____

8. Do you have any limitations to strenuous physical work? _____

9. Do you have any chest, back or joint pain? _____

10. Please give a statement regarding your general health. _____

Participant's Agreement

Please write your initials in the blanks indicating that you agree with the statements below.

- _____ I promise to complete the pre-field training material before my team experience.
- _____ I will remember that I am to reflect Christ at all times through my words and behavior.
"Let your light shine before men that they may see your good deeds and praise your Father in heaven." Matthew 5:16
- _____ I will not use bad language, alcohol, drugs or tobacco products during my team experience.
- _____ I will not participate in any public displays of affection as it may offend local Haitians and misrepresent my team and Joy In Hope.
- _____ I will not complain during the project and will do my best to have a servant's attitude at all times.
"Do everything without complaining or arguing." Philippians 2:14.
- _____ I will wear appropriate clothing at all times. *See the Information Package for descriptions of appropriate clothing.*
- _____ I will obey the leadership and perform chores and tasks as assigned. I will clear all work projects with Joy In Hope Directors before starting them.
- _____ I will maintain appropriate relationships with the Haitian people as directed by the Joy In Hope Directors. I will not invite local Haitians to Joy In Hope or offer gifts or money to either local Haitians or Haitian Children's Home children or staff unless first authorized by Joy In Hope Directors.
- _____ I will not go into any of the Haitian Children's Home bedrooms unless accompanied by a Joy In Hope Director.
- _____ I will follow safety precautions at all times during the trip. I will always travel with a chaperone and will always return to Joy In Hope housing facility before sunset.
- _____ I will make every effort to conserve local resources such as water and electricity during my trip.
- _____ I will respect the use of Joy In Hope facilities, tools, equipment and supplies. I will return all tools, supplies and equipment to the proper storage area at the end of each day.
- _____ I will not use any of the Joy In Hope bicycles or vehicles unless first authorized by the Joy In Hope Directors.
- _____ I will remember that I have come to learn, not to teach. I may run across procedures that I feel are inefficient or attitudes that I find close-minded. I will be open to learning other people's methods and ideas.
"Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves. Each of you should look not only to your own interests, but also to the interest of others." Philippians 2:3-4.
- _____ I will remember not to be exclusive in my relationships with either my team members or by avoiding the people that I have come to Haiti to serve.

_____ I will respect the work that is going on in the country with the particular churches or persons with whom we are working. I realize that our team is there for just a short time, but that Joy In Hope will maintain work in the community. I will respect their knowledge, insights and instructions.

_____ I understand that my failure to adhere to any of the Joy In Hope policies outlined in this application or the Short-Term Missions Information Package may result in the ministry requiring that I leave Haiti at my own expense.

Applicant's Signature _____ Date _____

Background Check Authorization

I acknowledge that all of the information included in this application is complete to the best of my knowledge. I authorize Joy In Hope or any of its affiliates to conduct a background investigation of my personal and criminal history. I understand that this investigation may include a reference check with some or all of the references who I have identified in my application, as well as an effort to verify the fact that I have provided complete and accurate information. I authorize each of my references identified by me to disclose any facts known to them pertaining to my qualification or suitability for a position on a Short-Term Missions Team.

Applicant's Signature _____ Date _____

Disclosure of Risk: Agreement of Waiver, Release and Hold Harmless

(PLEASE SIGN IN THE PRESENCE OF A NOTARY)

1. I understand that any travel, volunteer work, or other activities I undertake in connection with Joy In Hope, partnering agencies, organizations, or individuals involves inherent risk on my property, health, and life and I further understand the nature of such risks.
2. I have been and am informed by this document that any travel, volunteer work, or other activities I undertake in connection with Joy In Hope, partnering agencies, organizations, or individuals presents inherent risk, including, but not limited to, loss of property, disease, illness, injury, exposure, physical and mental harm, and death, which may be caused by, among other things, the elements, organisms, environmental conditions, crime, accidents, negligence, and political conflict including civil war, war, and terrorism.
3. No principle, officer, agent, employee, or other person associated with or acting on behalf of Joy In Hope, partnering agencies, organizations, or individuals has disavowed or contradicted anything in this document, including the statements, regarding the existence and nature of the risks involved.
4. The undersigned recognizes and acknowledges that Joy In Hope is a charitable, non-profit corporation engaged in human services and relief activities. The undersigned, for himself/herself and his/her heirs, does hereby freely and knowingly waive any and all actions, causes of actions, claims, and demands for or by reason of loss of life, bodily injury loss, including, but not limited to the contraction of any endemic diseases, costs, damage, or expense for any act or omission on the part of a third party or on the part of Joy In Hope or any of its officers, agents, servants or employees for anything in any way arising from or connected with, either directly or indirectly, any volunteer activities of the undersigned Volunteer or of Joy In Hope. The undersigned realizes that activities which he/she intends to pursue may entail some amount of risk or possible danger and desires to personally assume such risks.
5. This agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida. This agreement is to be governed by the laws of the State of Florida. If any portion of this agreement is held invalid, it is agreed that the remainder shall nevertheless continue in full force and effect.
6. I enter into this agreement freely and voluntarily in consideration of the permission to participate in the activities described herein and of the benefits associated with such activities. I understand that this agreement is contractual and binding upon me.

I have read this document and understood and agreed to all of its contents before signing it. I have also had every opportunity necessary to ask questions concerning the risks and hazards I am assuming by visiting or working in Haiti. I also have had adequate time to review, analyze and think of this document's contents, before signing the document.

I certify the above information is correct and I HAVE READ THE DISCLOSURE OF RISK: AGREEMENT OF WAIVER, RELEASE AND HOLD HARMLESS. In an emergency, I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery as needed. I understand that every reasonable effort will be made to contact my family before these actions are taken.

Applicant's Signature _____ Date _____

For Notary Use Only:

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____, 20__.

Signature _____

My commission expires _____

Confidential Information

This supplemental form is to be completed by anyone desiring to serve on a short-term team that involves supervision of or interaction with children. This is a confidential form used by Joy In Hope in order to provide a safe and secure environment for those who are ministered to, cared for or participate in activities lead by or in conjunction with Joy In Hope.

Full Name _____ Country _____

Do you have any physical or mental conditions that would prevent you from performing activities related to working with children?

Have allegations ever been made against you for committing a crime against a child?

Have you ever been convicted of, or plead guilty to child abuse or a crime involving actual or attempted sexual molestation of a minor?

Have you ever tested positive for an infectious disease? If yes, which one and when?

Your team will have some interaction with children. Please explain why you want to minister to children or any abilities you have that will help you in dealing with children.

I certify that all answers given are true and complete to the best of my knowledge.

Applicant's Signature _____ Date _____