

ADULT

APPLICATION FOR BELIZE/CENTRAL AMERICA SHORT-TERM MISSION 2010

Radios4Jesus (R4J) In cooperation with My Refuge Christian Ministries (MRCM)

VERY IMPORTANT!!! PRINT CLEARLY!!! ANSWER ALL QUESTIONS!!!

Mail to: P.O. Box 11929 Glendale, AZ 85318 Questions? Call 623-266-9082

Must Include \$150 payable to "Radios4Jesus" prior to or on 1/29/2010

Trip Dates: May 20th - May 30th Application Deadline: 2/19/2010

PERSONAL INFORMATION

PASSPORT Name _____

As is or will appear on PASSPORT First Middle Last

Passport Number: _____ Expiration Date: ____/____/____

Need to Obtain a passport: ____ Application in Progress: ____

SS# _____ - _____ - _____ Date of Birth: ____/____/____ Sex: M ____ F ____

Marital Status: Single ____ Engaged ____ Married ____ Divorced ____ Widowed ____ Separated ____

If married, spouse's name _____

Home Address: _____ Apt. # _____

City _____ State _____ Zip _____

Home Ph: (____) _____ - _____ Daytime Ph: (____) _____ - _____ Cell : (____) _____ - _____

E-mail Address: _____

T-Shirt Size: _____ (S, M, L, XL, XXL)

Please explain any "yes" answers to the questions below on a separate sheet.

- 1. Have you ever been convicted of a crime? Yes ____ No ____
2. Have you been involved with any of the following within the past year? A cult? Yes ____ No ____ The Occult? Yes ____ No ____
3. Have you used any of the following within the past year? Alcohol? Yes ____ No ____ Illegal Drugs? Yes ____ No ____ Tobacco? Yes ____ No ____
4. Have you ever had psychiatric care or treatment? Yes ____ No ____
5. If you are single, are you dating anyone who is also applying for this trip? Yes ____ No ____
6. If married, is your spouse in agreement with your participation and the commitment? Yes ____ No ____

PERSONAL REFERENCES

People we can contact other than relatives, who have known you well for at least 2 years.

Table with 3 columns: Name, Phone #, Relationship. Three rows for entries.

Note: A Recommendation form is required to be completed by a Pastor to complete the application.

ADULT
Pastor/Spiritual Leader Recommendation

Radios4Jesus Short Term Mission
(Confidential)

Applicant Name _____

Pastor/Spiritual Leader Name _____ Title/Position _____

Church _____ Phone: (____) ____ - _____ E-mail _____

How long have you known the applicant? _____

How well do you know him/her? By face/name ____ Casually ____ Fairly Well ____ Very well ____

PLEASE EVALUATE THE APPLICANT IN THE FOLLOWING AREAS IF POSSIBLE:

E = Excellent, G = Good, F = Fair, P = Poor, U = Unknown

Adaptability ____ Dependability ____ Maturity ____ Leadership Ability ____ Servant-hood ____

Spiritual Life/Maturity ____ Spiritual Influence on Peers ____

O = Often, S = Sometimes, R = Rarely, N = Never

Critical ____ Irritable ____ Depressed ____ Argumentative ____ Domineering ____ **Rebellious** ____

Circle Response

- | | | |
|--|-----|----|
| 1. Is the applicant active in your church? | Yes | No |
| 2. To your knowledge does the applicant have a meaningful relationship with Christ? | Yes | No |
| 3. To your knowledge has the applicant's interest in missions been influenced by a desire to escape a difficult situation such as family problems, financial struggles, a troubled romance or some other wrong motive? | Yes | No |
| 4. Are you aware of any mental or emotional illness or instability in the applicant? | Yes | No |
| 5. To your knowledge, has the applicant used tobacco, alcohol, or illegal drugs in the last year? | Yes | No |
| 6. Have you ever had reason to question the applicant's morals? | Yes | No |

Explain a "No" answer to # 1 and "Yes" answers to # 3, 4, 5, or 6

Based on the above information, the applicant is:

Recommended ____ Not Recommended at this time ____ Don't know well enough to recommend ____

Signature Pastor Title / /
Date

Return to "Radios4Jesus" P. O. Box 11929 * Glendale, AZ * 85318-1929 * Or Fax to 623-594-8985
Questions? 623-266-9082

ADULT

Radios4Jesus (R4J)/ My Refuge Christian Ministries (MRCM)

Adult Medical Information/ Adult Medical Release

(If more space is needed, attach separate sheet)

Allergies _____ Allergic Reactions _____

Are you presently under medication prescribed by a doctor? Yes ___ No ___ If yes, indicate the type of meds and any medical information that could possibly be significant. _____

Date of last tetanus shot ____/____/____

I have consulted my physician regarding malaria regimen which is recommended. Yes ___ No ___

I acknowledge that I have been informed that a malaria regimen is recommended based on CDC information. I have been advised that the use of insect repellent with DEET is necessary even when taking the regimen.

Other information/instructions _____

How would you describe your overall health fitness? Excellent ___ Good ___ Average ___ Below Average ___ (Explain)

Do you or have you ever had? Seizures? Yes ___ No ___ Fainting Spells? Yes ___ No ___ Eating Disorder? Yes ___ No ___
Heart Disorder? Yes ___ No ___ Diabetes? Yes ___ No ___ Respiratory Problems? Yes ___ No ___ Chronic Illness? Yes ___ No ___
Back Problems? Yes ___ No ___ Other? _____

Do you have any disability or disease that might affect your ability to fully function on this trip? Yes ___ No ___ Explain: _____

Are you able to ride in a vehicle for long periods of time? Yes ___ No ___ (Explain if No) _____

IN CASE OF EMERGENCY, CALL: Give 2 contact #'s (One day, one night)

Name _____ Phone (____) _____ - _____ Relationship _____

Name _____ Phone (____) _____ - _____ Relationship _____

In case of medical emergency, injury or illness to myself and I am unable to make medical decisions, I hereby empower R4J leadership as my authorized agent(s) to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment and/or hospital care which is deemed advisable by, and is to be rendered under the general supervision of, any nurse, paramedic, physician or surgeon. In the absence of any nurse, paramedic, physician or surgeon; I empower R4J leadership to assist in any way they deem necessary.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all diagnosis, treatment, surgery or hospital care, which the aforementioned nurse, paramedic, physician or surgeon in the exercise of his/her best judgment may deem advisable.

I recognize and agree that I will be ultimately responsible and liable for payment of any medical bills and costs incurred by me or on my behalf that are not covered by travel insurance.

To the best of my knowledge all medical information provided is current and accurate. If I opt out of a tetanus vaccination and/or malaria regimen, I hereby absolve R4J/MRCM, their respective directors, officers and leaders from all liability which, I, my heirs, executor, administrators or assigns regarding any consequences of not following the recommendations whether due to personal convictions/choice or because of a particular physical condition.

_____ Applicant's Printed Name	_____ Applicant's Signature	____/____/____ Date
State of _____ County of _____	On this _____ day of _____, 200____; before me personally appeared _____, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document. _____ Signature of Notary Public	