

# HONDURAS/NICARAGUA

ADULT

## APPLICATION FOR HONDURAS/CENTRAL AMERICA SHORT-TERM MISSION 2010

Radios4Jesus (R4J) In cooperation with Good Samaritan Baptist Missions, Inc. (GSBM)

**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 3/24/2010

**Trip Date:** Aug 26<sup>th</sup> to Sept. 5<sup>th</sup>

**Application Deadline:** 4/01/2010

### 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.

<u>Name</u>	<u>Phone #</u>	<u>Relationship</u>
_____	(____) _____ - _____	_____
_____	(____) _____ - _____	_____
_____	(____) _____ - _____	_____

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



# ADULT

## **ADULT Disclaimer/Waiver**

I understand that the purpose of the Radios4Jesus (referred to hereafter as R4J) Honduras/Central America Short-term Mission trip in cooperation with Good Samaritan Baptist Missions (referred to hereafter as GSBM) is to share the Gospel of Jesus Christ and other activities will be permitted only if they coincide with the team's purpose and do not hinder the ministry. I understand schedules, travel arrangements and trip prices are based on current research and are subject to change and R4J and GSBM reserve the right to change or cancel a trip for any reason deemed necessary. I understand that if I give opportunity to others to participate financially in support of the mission trip that it is with the understanding that according to IRS regulations, R4J has complete discretion and full control over the use of all donated funds. All funds raised beyond the requirement of the participants will be allocated to support the goals of the R4J ministry. I understand that there can be no refunds if a team member either elects at some point not to go or is unable to go on the mission trip. In either event monies, at the discretion of R4J, would go toward meeting expenses connected with the goals of the ministry which is the Lord's work. I understand that funds I give personally to fund my trip are tax-deductible but I must retain receipts to prove I actually took the trip.

I understand R4J has sole authority to reject any person from participation and may at its sole discretion, cancel or reject an applicant for whatever reason it deems necessary due to acts that are deemed in R4J's sole discretion, otherwise unacceptable, detrimental to or incompatible with the mission or otherwise dangerous or incompatible with the safety, health, compatibility, comfort, welfare or interests of the mission and its participants. I authorize R4J to share confidential information and/or do background checks for purposes deemed necessary by R4J to determine eligibility/suitability for the mission trip. Information of a confidential nature will be kept confidential except as deemed necessary for purposes previously stated.

I understand that R4J/GSBM requires strict compliance with rules and regulations set forth in ministry guidelines, including rules concerning conduct, dress and Christian lifestyle. I have read and understand everything in the packet of information provided for accepted applicants.

I understand as a team member, I will be representing the Lord Jesus Christ, my sending church and the United States. I realize that as such a representative, I must avoid behaviors that are inappropriate to my host culture. I understand that I am expected to follow any additional rules/guidelines instituted by my team leader(s). I recognize that any deviation from the guidelines could result, after attempts at reconciliation, in my dismissal from the team with no refund or, if during the mission experience, in being sent home at my own expense. If I am removed from the mission in progress, I shall be solely responsible for the costs and expenses incurred after the date of such removal, including but not limited to all transportation, accommodations and meals. I agree that I shall forever indemnify, defend and hold harmless R4J and their respective directors, officers and leaders from any loss, claim, damage, cost, penalty, expense or other liability.

I have been advised that the trip may at times require vigorous physical effort and exertion with walking over rough terrain. I agree that I will cooperate with and abide by all safety and security precautions undertaken or recommended by R4J/GSBM and that failure to do so shall be at my own risk. I understand that all participants are required to be in good physical condition and sign a medical release. I understand that in questionable cases or conditions, a written doctor's clearance will be required. I am aware that medical facilities available for participants at the mission base and in the field will be limited to local doctors with rudimentary equipment. More sophisticated facilities are located approximately 1 to 4 hours from mission base.

I understand that there will be necessary preparation and training and that attendance at all sessions is vitally important to the success of the mission and that any necessary absence must be approved by the team leader(s) in advance. I understand that the only acceptable excuse for absence would be family emergency, illness, work obligation, or being away on a preplanned vacation. I understand that without my active participation and commitment to support all aspects of the mission, the R4J team cannot accomplish its goals.

I understand that if I choose to deviate from the established schedule and extend or shorten my stay, after permission is granted from R4J leadership to do so, the same shall be at my own expense and risk.

The information I have given on this application is accurate and true to the best of my knowledge.

I give my permission for R4J/GSBM to use my picture, voice and testimony in any form of promotional or testimonial materials.

I understand that R4J/GSBM their respective directors, officers and leaders are not liable or responsible for injury or damage directly or indirectly to myself or property in connection with any transportation, accommodations, or other services resulting from acts of God, dangers, incidents in air, on ground or sea, fire, breakdown of machinery or equipment, acts of government or other authorities, wars, terrorism, hostilities, civil disturbances, strikes, riots, thefts, pilferage, epidemics, custom regulations, delays, cancellations of or change in itinerary, scheduling or from any other cause beyond the control of R4J/GSBM.

I have read and understand the above information. I do hereby release and forever discharge R4J/GSBM and their respective directors, officers and leaders from all liability, actions, causes of action, damages, claims and demands whatsoever, which I, my heirs, executor, administrators or assigns have now or hereafter may have against them or any of them by reason of any damage, loss or injury to person(s) participation in the R4J/GSBM short-term mission.

_____ 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		

**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

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**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)/Good Samaritan Baptist Missions (GSBM)

**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 in some areas of Honduras. 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.	