

APPLICATION FOR SAMOA MEDICAL MISSION

YFC Asia Pacific

PO Box 1462

GLEN WAVERLEY VIC 3150

AUSTRALIA

Please print clearly:

Name _____ SS# _____
Full name EXACTLY as it appears on your passport *Nickname* *Degree*

Home Address: _____ City _____ State _____ Postal Code _____

Telephone _____ Fax _____ Email _____

Office Address: _____ City _____ State _____ Postal Code _____

Telephone _____ Fax _____ Email _____

Gender ____ M ____ F Marital Status ____ M ____ S Birth Date _____ Active in church ____ Y ____ N

Name of Church _____ Pastor's Name _____ Church phone _____

Have you come to the place in your spiritual life where you can say you know for certain that if you were to die today you would go to Heaven? _____

Suppose that you were to die today and stand before God and He were to say to you, "Why should I let you into my Heaven?"
What would you say? _____

Give a short testimony of how and when you became a born-again Christian _____

Will you come prepared to share your testimony with individual patients or with patient groups? ____ Y ____ N

Doctors: Specialty _____ Boards _____ Areas of Experience _____

Do you have a current, active and unrestricted license to practice? ____ Y ____ N **Please attach a copy of your license.**

Nurses: Years experience _____ Areas: _____

LPNs: Years experience _____ Areas: _____

PAs: Years experience _____ Areas: _____

Pharmacists: Years experience _____ Areas: _____

Do you have a current, active, and unrestricted license to practice? ____ Y ____ N **Please attach copy.**

Has your professional activity ever been limited by disciplinary action from any hospital; medical, dental or nursing society or staff; medical, dental, or nursing licensing board; or by any other professional organization? ____ Y ____ N

Are you professionally qualified to provide primary medical care to both adults and children? ____ Y ____ N

Please describe your previous overseas missions experiences, including dates, locations and activity. _____

Please list all hospitalisations, including diagnoses and surgical procedures performed, over the past five years. _____

Please list the reasons you have seen physicians or other medical practitioners over the last five years. _____

Do you have any conditions which require regular and periodic visits to a physician or other health practitioner? ___Y___N If so, what are they? _____

List all medications you have taken in the past month _____

Please list all known allergies _____ Blood type _____ Rh _____

Have you ever been refused life insurance or other insurance for health reasons? ___Y___N If so, why? _____

How often do you exercise and what do you do? _____

Have you been on any other medical mission trips? ___Y___N Where and when? _____

Have you been on any mission trips that were not medical? ___Y___N Where and when? _____

Do you speak any foreign languages? ___Y___N

If so, which ones? _____ Are you fluent? ___Y___N

Other missions skills or abilities _____

Have you ever been to Samoa? ___Y___N If so, when and why? _____

Are you willing to fully cooperate with the team and abide by the rules of the group? ___Y___N

Do you need materials to raise funds for this trip? (These would include instructions, a response form and return envelopes self-addressed to Youth For Christ. All gifts are NOT tax deductible.) ___Y___N

Do you have a passport? ___Y___N Is it valid until at least seven months after the trip? ___Y___N Passport

_____ Expiration date _____

Medical Reference from a hospital administrator or medical doctor:

Name _____ Email address _____ Phone _____

Character reference from a pastor or other spiritual advisor:

Name _____ Email address _____ Phone _____

WAVER OF RESPONSIBILITY AND ASSUMPTION OF RISK
I, _____, in consideration of the benefits derived from being accepted for voluntary service on this Samoa Medical Outreach Project, and fully understanding that the risks associated with such service may include, but are not limited to, injury or death by accident, disease, terrorist acts, adverse weather conditions and inadequate medical care, and/or damage to, or loss of, personal property, hereby volunteer my services despite such hazards. I willingly assume these risks and I hereby waive any and all claims against Youth For Christ/Asia Pacific, Youth For Christ/Samoa, Youth For Christ International, and all of its staff, officers and local affiliates, for any and all causes in connection with the activities of the above organizations and individuals on the Samoa medical project.

PROCEDURES AND PAYMENT INFORMATION

The fee for this mission trip covers all expenses except souvenirs and incidentals. This includes payment of expenses for a Samoan doctor and/or nurses, expenses for several Samoa YFC staff who will serve as translators, transportation costs, food, and for part of the operational expenses of the Youth For Christ Asia Pacific Area Office. This application should be received by June 30, 2006, but earlier applications will have a better chance. If you are chosen, then the costs will be A\$1300 if you arrange for the airfares or A\$2600 if we do.

All payments need to be received by 30 June 2006. The application must be signed and dated.

PARTICIPANT AGREEMENT

I understand the policies and procedures stated herein. I agree to fully participate in all the group activities and conduct myself in an exemplary manner. I agree not to use alcohol, tobacco, marijuana, or other addicting narcotics or drugs on this trip. I understand that misrepresentations in my application or breaching Biblical standards of conduct will be grounds for dismissal at any time from the project.

Signature: _____ Date: _____