



# 2019 Latin America Relief Medical Services International Mission Trip Application

# Personal & Passport Information

I am applying for acceptance as a member of the Latin America Relief Medical Services team for:

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Destination (Country) Date (Month/Day/Year)

## PERSONAL INFORMATION

Name: \_\_\_\_\_

First Middle Last Name on name tag

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Occupation:

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Street Address:

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City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Personal Contact Information: Home phone:

(\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

E-mail address (please print clearly):

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## PASSPORT INFORMATION

(Send a color copy of your passport along with your application.)

Name as it appears on passport:

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Passport Number:

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Country of Issue:

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Expiration Date:

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# Medical & Liability Release Form

## EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

## MEDICAL INSURANCE INFORMATION

Do you have any allergies to food, medicine etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please describe:

\_\_\_\_\_  
Please list any condition or physical disability that may limit your participation and/or any medications you currently use:

\_\_\_\_\_  
\_\_\_\_\_  
It is recommended that you carry a copy of your medical insurance card to cover any possible needs that may arise during international travel.

Do you have primary medical health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is the name of your insurance carrier?

\_\_\_\_\_  
If during this Outreach, I suffer an injury such that I am unable to give consent to emergency/medical treatment, I hereby grant my permission to the physician/dentist and/or Outreach leader of the ministry team to authorize hospitalization or any other prescribed treatment (injection, anesthesia, or surgery), as they deem appropriate or necessary.

My signature releases Latin America Relief & Medical Services, its agents, employees, and volunteer assistants from any liability arising out of injury, damage, or loss, which may be sustained by me during this outreach period.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Church & Ministry Information

## CHURCH INFORMATION

Church Name: \_\_\_\_\_

Denomination: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

## PERSONAL REFERENCES

Please provide two additional believer's names that know you well and will give you a reference.

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## MINISTRY INFORMATION

Do you have special training in prayer and healing? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you speak a language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what languages do you speak?

\_\_\_\_\_

Have you traveled outside the US before? Where?

\_\_\_\_\_

On a separate sheet of paper briefly describe how and when you became a Christian.

Do you play an instrument? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what instrument(s) do you play?

\_\_\_\_\_

Do you lead worship? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, would you be willing to help lead worship? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you trained in evangelism? Yes \_\_\_\_\_ No \_\_\_\_\_

Each person will need to be prepared to share his or her testimony so please practice telling your salvation experience. Refer to the Testimony Guidelines form for helpful information in sharing your testimony.

# Testimony Guidelines

Definition: A testimony is a personal statement made to establish a fact. It is a public acknowledgment of a personal conviction.

An effective testimony should:

1. Tell why you became a Christian – One life issue: fear of death
2. Tell how to become a Christian
3. Tell the changes Jesus Christ has made in your character

## BASIC OUTLINE

### Opening

Should introduce the theme of your personal experience (i.e. personal security, loneliness, poor selfimage, lack of acceptance)

### Life before receiving Jesus Christ

1. Give details about your past describing what you were like
2. Don't dwell on the bad
3. Give enough details to show your need for Jesus Christ

### How you came to Jesus Christ

1. Give only details that are important to communicate how you become a Christian
2. Communicate how to become a Christian so that it is clear how anyone can become a Christian

### Life after receiving Jesus Christ

1. Share changes in your life that relate to your theme
2. Emphasize changes in attitude rather than behavior
3. Be realistic - Christians do have problems
4. Be honest - God will use your testimony, no matter how unspectacular

### Closing

1. Choose with a summary statement that ties the testimony and theme together
2. You could share a verse that relates to your theme

## GENERAL REMINDERS

1. Be positive
2. Relate - don't recite
3. Do not criticize any church or denomination
4. Speak with audience in mind (Non-Christians don't know the buzz words)
5. When sharing your testimony before a group: use your natural voice - don't preach - speak with confidence - use eye contact
6. No slang
7. No idioms

**PLEASE ATTACH A COPY OF WRITTEN TESTIMONY AND RETURN WITH APPLICATION**

# Dress Code & Accommodations

Dress Code: Modesty in all things should be first and foremost in what you wear!

## EVERYONE:

- Wear your ministry team T-shirts
- NO extravagant jewelry
- Don't display body piercing

## WOMEN:

- Dresses, skirts, Capri pants are ok; no tight pants or leggings
- Shorts are allowed only if they extend to the top of your knees
- NO cut-offs, tank tops, deep-cut necklines, see-through or skintight clothing

## MEN:

- Shorts are allowed
- NO short shorts or cut-offs
- NO sleeveless shirts or shirts with obscene/offensive logos
- Shirts must be worn at all times when in any public places

One-piece swimsuits only ~ Absolutely no bikinis or 2-piece swim suits

(The Latin culture is very modest and will be offended by clothing that is inappropriate.)

## SAFETY: BUDDY SYSTEM AT ALL TIMES:

1. Remember the "buddy rule" is necessary outside the confines of the hotel.
2. Banditry and other crimes, including armed robbery and assault, are persistent and serious problems in many areas of the country. Many individuals are victimized while riding on motorcycle taxis or passenger-carrying bicycles. This generally occurs after dark, but also in broad daylight. These incidents can result in serious injury, as the victim is often pulled from a moving vehicle. U.S. citizens should avoid traveling alone, especially after dark. To avoid the risk of theft or confiscation of original documents, the U.S. Embassy advises its personnel to carry photocopies of their U.S. passport, driver's license, or other important documents. The U.S. Embassy advises its personnel to review their personal security practices regularly.
3. The loss or theft abroad of a U.S. passport should be reported immediately to local police and to the nearest U.S. embassy. If you are the victim of a crime while overseas, in addition to reporting to local police, please contact the nearest U.S. Embassy or Consulate for assistance.
4. Driving at night is strongly discouraged. In both urban and rural areas, road maintenance is sporadic. Roads between major areas are adequate; however, those leading to more rural areas are poor. During the rainy season both urban and rural road conditions deteriorate considerably. Roadside assistance is non-existent. The safety of road travel outside urban areas varies greatly. Even on heavily traveled roads, banditry occurs, so all travel should be done during daylight hours.

# Member Profile

This information will be used as a way to place you on individual teams. Please know that we will do all we can to put you where you want, but you need to remember to be flexible and willing to move if there is a need in an unfilled position. Thank you for understanding.

## MEDICAL PROFESSION: PLEASE CHECK ALL THAT APPLY:

\_\_\_\_\_ MD \_\_\_\_\_ Medical/Dentist \_\_\_\_\_ PA  
\_\_\_\_\_ NP \_\_\_\_\_ RN \_\_\_\_\_ LVN  
\_\_\_\_\_ Pharmacist \_\_\_\_\_ Respiratory \_\_\_\_\_ EMT  
Other Medical/Dental background not listed? Please describe:  
\_\_\_\_\_  
\_\_\_\_\_

## MINISTRY AREA:

\_\_\_\_\_ Pastor \_\_\_\_\_ Evangelist  
\_\_\_\_\_ Prayer/Intercessor \_\_\_\_\_ Counselor  
\_\_\_\_\_ Other (describe)  
\_\_\_\_\_ Support  
\_\_\_\_\_ Construction

## T-SHIRT SIZE

T-shirts often run a little small; you may want to order a size larger than you normally wear.

\_\_\_\_\_ Women Small \_\_\_\_\_ Men Small  
\_\_\_\_\_ Women Medium \_\_\_\_\_ Men Medium  
\_\_\_\_\_ Women Large \_\_\_\_\_ Men Large  
\_\_\_\_\_ Women X-Large \_\_\_\_\_ Men X-Large  
\_\_\_\_\_ Women 2X-Large \_\_\_\_\_ Men 2X-Large