

GLOBAL INFUSION

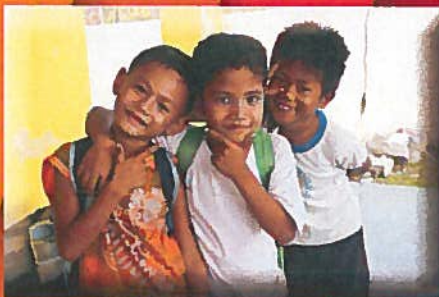
Adult Application

Application Checklist

- 1. Complete this application in full (please print)
- 2. Complete the medical release form (if necessary)
- 3. Email your passport picture page to: passports@globalinfusion.org
- 4. Include your deposit. Call to use a credit card, if check or money order make out to "Global Infusion"
- 5. Mail everything to:

Global Infusion
118 N. Peters Rd. Suite 220
Knoxville, TN 37923

Questions? Email: info@globalinfusion.org
Phone: (865) 724-5118



Passports

Do you have a passport?

If **yes**, look at section #1

If **no**, look at section #2

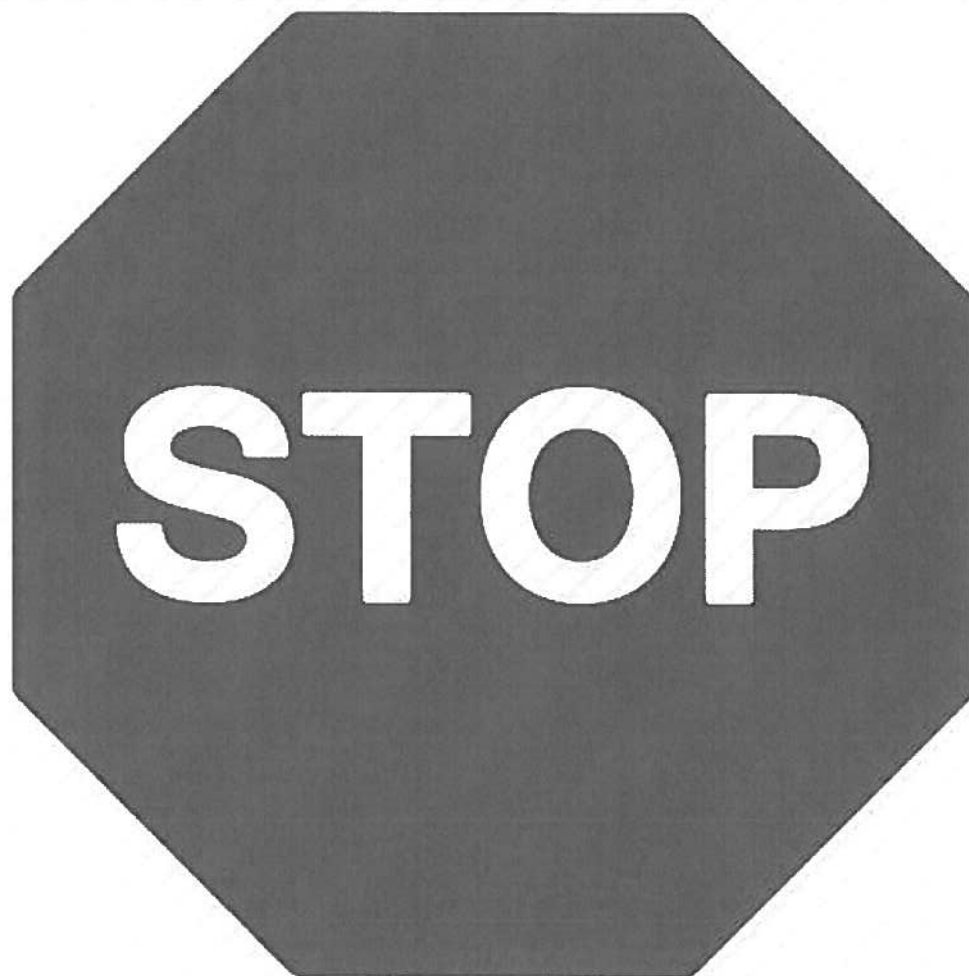
Section #1 (Currently have a passport)

- Confirm that your passport is valid for 6 months after your return date of travel.
 - Example: If you are returning from the mission field on May 15th of the current year then your passport needs to be valid and not expiring by November 16th of that year.
- If your passport does expire less than 6 months from your return date, **RENEW it now**. Go to your local post office that offers passport services and renew your passport now. *Don't wait*. After renewing it, send a copy of your passport picture page to: passports@globalinfusion.org (make note: *passports with an "s"*)
- If your passport is valid for 6 months after your return date: Please email a copy of the front page with the picture to: passports@globalinfusion.org (make note: *passports with an "s"*)

Section #2 (Currently do not have a passport)

- Go to your local post office that offers passport services. You can go to www.usps.com and then click on "Find USPS location." Then, under the "Location Type" select "Passports," then enter your Zip Code and it will tell you where the nearest Passport Center is.
- Go to the post office with the following:
 1. Checkbook or Credit Card (*usually a small fee for using Credit Card*)
 2. (2) Two copies of a 2 X 2 approved passport picture
(*You can buy this at Post Office; when checking location it will say "Passport Photo Hours" if they take passport photos. Note: you can get your photos done at Walgreens, Walmart or other locations, but be careful because if the picture does not meet all standards, you may have to redo it at the post office. It is safer to do it at post office.*)
 3. Evidence of U.S. Citizenship
 - You must submit one of the following original documents as primary evidence of U.S. citizenship (photocopies are not acceptable):
 - I. Certified U.S. Birth Certificate (must meet all of the following requirements):
 - Issued by City, County, or State of birth
 - Lists bearer's full name, date of birth, and place of birth
 - Lists parent (s) full names
 - Has date filed with registrar's office (must be within one year of birth)
 - Has registrar's signature
 - Has embossed, impressed, or multicolored seal of registrar
 - II. Previous U.S. Passport (may be expired, must be undamaged)
 - III. Consular Report of Birth Abroad
 - IV. Certificate of Naturalization/Citizenship
 4. Photo Identification
 - When you submit your application, you must present one of the following primary photo identification documents, and submit a photocopy of that document:
 - I. Valid Driver's License (plus a second ID if issued in a different state than where you apply)
 - II. Undamaged U.S. Passport (if issued less than 15 years ago)
 - III. Certificate of Naturalization
 - IV. Valid government ID (city, state, or federal)
 - V. Valid Military ID
- Once you have applied for your passport and then received it: Please email a copy of the front page with the picture to: passports@globalinfusion.org (make note: *passports with an "s"*)





**Make sure you have done your
passport requirements on the
previous page before moving on.**

GENERAL INFORMATION

Country applying for:	Date of Trip:		
Full Name:			
Address:	City:	State/Prov.:	
	Zip/Postal Code:	Country:	
Phone:	Home-	Work-	Cell-
Email:			

PERSONAL INFORMATION

Gender:	Male	Female	(Circle One)	T-Shirt Size: Enter Your Size: (XS, S, M, L, XL, XXL)
Birth Date:	(mm/dd/yyyy)			
Occupation:	Full-time	or	Part-time	(Circle One)
If Student:	High School	College	Other	
Year:	FR	SO	JR	SR (Circle One)

US Citizenship & Passport Information

Are you a U.S. Citizen? (If no, see Non-U.S. Citizens section)	Yes	No	(circle one)
Do you have a passport?	Yes	No	(circle one)
U.S. Passport Number:			
U.S. Passport Issuing Authority/Office:	Do not leave blank!		
U.S. Passport Expiration date:			

Non-US Citizens (living in the US)

Of which country are you a citizen?			
Country Passport Number:			
Are you a Green Card holder? (also known as a Permanent Residency)	Yes	No	(circle one)
Green Card expiration date:			
If no Green Card, what kind of Visa do you have?			
Visa expiration date:			

MEDICAL HISTORY

What is your blood type? _____ Are you a hemophiliac? Yes or No

Answer only "yes" to the ones that apply to you.
(If you answer "yes" to any of the following, please enclose our
Medical Release form completely filled out and signed by your physician)

Allergies*		Eye Cataracts		Leukemia	
Allergies to Medicines*		Fainting		Malaria	
Arthritis		Gastritis		Mental Illness	
Asthma		Heart Disease		Migraine Headaches	
Back Injuries		Hepatitis A		Respiratory Problems	
Cancer		Hepatitis B or C		Seizures	
Chronic Fatigue		Hernias		Sleeping Disorders	
Depression		Hi/Lo Blood Pressure		Tuberculosis	
Diabetes		Knee or Joint Injuries		Typhoid	

*Please list:

MEDICATIONS

Are you currently on any prescribed medications? Yes No (circle one)

If yes, please list and describe:

Are you currently seeing a physician for treatment? Yes No (circle one)

If yes, please describe:

Would you require special housing, diet, or other specifications while traveling? Yes No (circle one)

If yes, please describe (be specific):

Are you currently seeing, or have you ever seen a psychiatrist? Yes No (circle one)

If yes, please describe the circumstances:

MISSIONARY PROFILE**EXPERIENCE**

Have you had any previous foreign missions experience? Yes or No

If yes, please provide the following:

	Organization Name	Country	Year
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

LANGUAGES

Do you speak a language (or languages) other than English? Yes or No

If yes, please list and rate your fluency:

Language	Beginner	Speak & Read some	Fluent, can translate
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MUSIC

Do you play an instrument? Please list: _____

Can you lead praise and worship? Yes or No

PROFESSIONAL SKILLS

Please list any professional skills or training you may have:
(Examples: Health Care, Construction, Teaching, etc.)

HONESTLY RATE YOURSELF IN THE FOLLOWING:

(1=poor 2=minimal 3=average 4=excellent 5=outstanding)

Relating to all age groups		Adjusting to foreign cultures	
Adapting to all personality types		Adjust to difficult living conditions	
Attitude under tough conditions		Performance under pressure	
Confrontation (receiving it)		Confrontation (giving it)	
Communication		Submission to authority (any age or gender)	
Team work		Creativity	
Problem solving		Public speaking, preaching	
Serving		Self-confidence	
Listening		Following instruction	
Spiritual discipline		Discipline in personal life	

If necessary, please comment on any of the above:

Is there any area of your life that you feel would not be under the jurisdiction of your Global Infusion Team Leader and/or Contact? Please explain:

GLOBAL INFUSION Team Member Agreement	
I agree to abide by the rules and regulations set by Global Infusion and I understand that they may be altered from time to time. If I have a disagreement with the program, I will bring my concerns directly to the Global Infusion Team Leader/Staff Member.	INITIAL _____
I understand that all monies raised by myself for a position on a team are to solely go to the non-profit organization of Global Infusion. I further understand that all funds must be sent directly to Global Infusion and cannot for any reason be sent to an outside organization or individual including myself.	INITIAL _____
I understand that all monies received by Global Infusion will go toward ministry expenses and will not be used by myself personally. I will clearly communicate this to all my potential sponsors. I am required to provide my own spending money which is contingent on my own spending habits.	INITIAL _____
If, for any reason, I decide not to go on the designated mission trip, I understand that all funds raised on my behalf will go toward the furtherance of the Gospel through outreaches sponsored by Global Infusion. These funds cannot be refunded to the sponsor or myself.	INITIAL _____
I know that there are several financial deadlines, and I agree to be responsible for overseeing my fundraising account to make sure that these deadlines are met. I understand that failure to meet the deadlines will place me in jeopardy of being released from the mission team and trip.	INITIAL _____
I agree to fully support the staff and leaders of Global Infusion in word and conduct. I will remain positive and flexible. I understand that my Global Infusion Team Leader(s) is/are responsible for the performance, behavior, and safety of each team member and has the right to request that a rebellious member be sent home at any point during the mission trip at the expense of the team member.	INITIAL _____
I will attend and fully participate in any necessary training sessions, team meetings, prayer meetings, and fundraisers, which will occur prior to the mission trip. I understand that these requirements are the beginning of the mission experience.	INITIAL _____
I understand that I will be required to abstain from romantic involvement, dating, or even pairing off with team members (unless married) and nationals of the designated country prior to or during the missions experience.	INITIAL _____
After the completion of my trip, I will not independently arrange mission trips with any of Global Infusion's contacts. Nor will I send donations, monetary or tangible, to Global Infusion's contacts, or indigenous people I met on the trip. I agree that both instances must take place through Global Infusion.	INITIAL _____
I have read the above information thoroughly and fully understand all aspects of this document. By signing this document I am giving my word that I will follow each of the above regulations in thought, word and deed.	
Signature:	Date:

EMERGENCY CONTACT

Name (print): _____	Relationship: _____
Address: _____ No. and Street	Home Phone: () -
_____	Cell Phone: () -
City Prov./St. Zip/Postal Code	Work Phone: () -

LIABILITY WAIVER (ADULT)

MEDICAL AUTHORIZATION	Should emergency medical treatment be necessary, I authorize Global Infusion or one of its representatives to act on my behalf and approve appropriate treatment required for my well-being.	INITIAL _____
RELEASE OF LIABILITY	By my signature below, I, individually and on behalf of my heirs, hereby release and hold harmless Global Infusion, its employees, volunteers, directors, and any sponsors in the event of death, injury, accident, disease, terrorist act, weather condition, inadequate medical supplies or treatment, damage to or loss of my personal property which happens en route, during, or returning from the events involved in a mission trip.	INITIAL _____
IMMUNIZATIONS & ANTI-MALARIAL MEDICATION	By my signature below, I understand that it is my responsibility to check with my personal physician regarding any immunizations or anti-malarial medication needed for travel to a foreign country, and I do not hold Global Infusion responsible in the event of any allergic reactions or side-effects that may occur due to the administration of immunizations, or the prescription of anti-malarial medication by my personal physician.	INITIAL _____
OUT OF TOWN/ STATE/COUNTRY ACTIVITY	In the event that I refuse to adhere to the rules/policies during this activity, I understand that I will be transported home at my own expense.	INITIAL _____
WILLFUL DAMAGE	By my signature below, I hereby agree to pay any fees charged to Global Infusion due to damage caused by myself or due to me personally by not following the rules or by not using reasonable discretion.	INITIAL _____

Signature:**Date:**



GLOBAL INFUSION

MEDICAL RELEASE FORM*

*To be filled out by a physician only if applicant has answered "yes" to any of the Medical History questions from the application.

Patient Name:

Physician Name:

Physician Office Phone #: ()

Physician Office Address:

The above-named person has applied to participate in a Global Infusion missions experience. During the period of their involvement, this individual may be required to participate in strenuous activity including, but not limited to, climbing, running, hiking, swimming, walking long distances, and participating in some sports requiring endurance. These activities may take place in hot and humid conditions or cold and freezing conditions. The individual may be exposed to excessive sunlight and dry conditions. As well, the individual may experience a change in diet due to availability of certain types of foods in the country of their destination. Please check the appropriate box to indicate whether the above-named patient is able to participate under the proposed conditions.

The above-named person is physically **unable** to participate in a Global Infusion missions experience.

The above-named person is **able** to participate in a Global Infusion missions experience without restriction.

The above-named person is **able** to participate in a Global Infusion missions experience with the following restrictions (please include any medications the applicant is required to take):

Physician
Signature:

Date: ___/___/___

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