

Attach Photo Here

Missions/Volunteer Application

Trip: _____ Date of Trip _____

GENERAL INFORMATION

Name: _____
As printed on your Passport Passport # Exp. Date

Do you have a valid passport for at least 6 months from the departure date? Y N

Date of Birth: _____ M F Social Security # _____

Address: _____
Street City State Zip

Phone: _____
Home Work Cell

Email: _____ T-Shirt Size: _____

May we call you at work? Y N May we Text Message? Y N May we email? Y N

Single Divorced Widowed Married Spouse's Name: _____

Occupation: _____

Foreign Languages: _____ Are you proficient to serve as an interpreter? Y N

Name of your Church: _____ Are you active in your church? Y N

Are you a worship leader? Y N Are you willing to give a 5-minute testimony? Y N

Is this your first mission's trip? Y N If no, where have you been? _____

EMERGENCY INFORMATION

List someone we may contact in case of emergency.

Name: _____ Relationship _____

Phone _____
Home Work Cell

REFERENCES

Please list two personal references (people who are not related to you).

1) _____
Name Relationship Daytime Phone Number

2) _____
Name Relationship Daytime Phone Number

SKILL INVENTORY

Do you have a skill or talent that you would like to share with Robb Thompson Ministries? We have listed some of our most common needs. Check the appropriate box(es) below. We need people of all skill levels to get involved!

CONSTRUCTION & MAINTENANCE

- Carpentry
- Carpet Installation
- Concrete
- Dry Wall Installation/Taping
- Heavy Equipment
- Electrical Maintenance
- Flooring
- Gardening
- HVAC
- Landscaping
- Masonry
- Painting
- Plumbing
- Sheet Metal
- Tile Installation
- General Laborer

TECHNICAL ARTS

- Computer
- Photography
- Videographer

OTHER

GENERAL

- Baking/Cooking
- Commercial Driver's License
- Driving (errands, transportation)

MEDICAL/DENTAL

- Dental Hygienist
- Dentist
- EMT
- Medical Doctor
- Oral Surgeon
- Registered Nurse
- Trained in CPR or First Aid

TALENTS / GIFTS

i.e. organizational skills, hospitality
friendliness, etc.

PERSONAL CONDUCT GUIDELINES

- Demonstrate a positive attitude. Do not complain about food, accommodations, cultural challenges, leadership decisions, etc.
- Is a team player and treats all those on the trip from hosts and leaders to all attendees (regardless of age) with respect. No foul or abusive language or harsh tones are acceptable.
- Abstain from alcohol or use of illegal drugs. No smoking allowed.
- Respect sleeping assignments. Be flexible.
- Take part in the daily devotions, itinerary, group activities, and meals.
- Submit to the leader's authority.
- Do not leave the group on individual outings without the permission of the team leader.

ESSENTIAL DOCUMENTATION REQUIREMENTS

Please be sure the following items are enclosed with your completed application:

ALL APPLICANTS

- \$25 Non-refundable Registration Fee
- Adult/Minor Health History
- FHC/RTM Waiver, Liability, Public Release Form
- Background Check Form
- 2 Copies of first page of signed passport w/photo
- Team Covenant
- Copy of both sides of your insurance card

ALL MEDICAL PROFESSIONALS:

- Copy of Professional Diploma
- Copy of Current Driver's License
- Professional License
- Physicians: Hospital Privilege Letter

NOTE: CHILDREN UNDER 18 also require completion of the "Permission to travel outside country form." If one or both parents are not participating with the minor participant, a "Parental Consent" must be signed by both parents and notarized.

I **UNDERSTAND** the policies and procedures stated herein and in the supplementary state of Team Covenant and I agree to abide by them. I understand that misrepresentations in my application or breaching Biblical standards of conduct will be grounds for dismissal from the project at your own expense.

Signature: _____ Date: _____

Make Application Fee Check for \$25.00 Payable to: Robb Thompson Ministries

Adult and Minor Volunteer Health History and Authorization and Consent for Medical Treatment

The information on this Adult and Minor Volunteer Health History and Authorization and Consent for Medical Treatment ("Health History and Consent") must be provided in order for any person to participate in any Volunteer Program as that term is defined in the Volunteer Adult and Minor Waiver, Liability and Publicity Release. Any changes to this form or any modifications to Volunteer's Health History and Consent or any health problem, restriction or condition should be provided to Robb Thompson Ministries in writing. If necessary, use a separate sheet of paper and attach it to this Health History and Consent.

VOLUNTEER AND EMERGENCY CONTACT INFORMATION

Volunteer Name: _____
Birth Date: _____ Age as of Volunteer Program (i.e., trip or event): _____
Home address: _____
Social Security Number: _____ Male Female
Custodial parent/guardian: _____ Home Phone: _____
Alternate home address (if different from above): _____
E-mail address: _____
Other phone numbers (Work): _____ (Cell or other): _____
Second parent/guardian or emergency contact: _____
Address: _____ Phone: _____
Other phone numbers (Work): (Cell or other): _____
If parent/guardian is not available in an emergency, contact: _____
Relationship: _____ Phone numbers: _____

INSURANCE INFORMATION:

Insurance carrier or plan name: Group #: _____
Name of insured: _____
SS#: _____ Relationship to Volunteer: _____

Important: A copy of your insurance card (both sides) must be attached to this Health History and Consent.

HEALTH HISTORY

ALLERGIES: Please describe reaction and management of the reaction.

Medication allergies:	Reaction:
_____	_____
_____	_____
_____	_____

Food allergies:	Reaction:
_____	_____
_____	_____
_____	_____

Any other allergies: (i.e., insect stings, hay fever, asthma animal dander, etc.)	Reaction:
_____	_____
_____	_____
_____	_____

HEALTH RESTRICTIONS:

Do you have any current health problems or medical conditions? Yes No
If yes, please describe all health problems or medical conditions.

Do you have any health problems or medical conditions that would affect or restrict your participation in this Volunteer Program? Yes No
If yes, please describe all health problems or medical conditions.

Have you had a Tetanus/Diphtheria inoculation in the last five (5) years? Yes (M/D/Y) _____ No
If no, you must submit a copy of a Tetanus/Diphtheria inoculation to FHC/RTM or you cannot participate in this Volunteer Program.

MEDICATIONS BEING TAKEN:

List ALL medications (including over-the-counter or nonprescription drugs) taken. Bring enough medication to last for the entire Volunteer Program. Keep medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Volunteer understands and expressly agrees that its Volunteer’s responsibility to take and/or arrange to take all medications as prescribed.

Med #1 _____ Dosage _____ Specific time/s taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific time/s taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific time/s taken each day _____

Reason for taking _____

Volunteer takes NO medications.

Name of family Physician: _____

Phone: _____

Name of family Dentist/Orthodontist: _____

Phone: _____

VOLUNTEER OR PARENT/GUARDIAN AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT

This Health History and Consent is correct and complete. The Volunteer identified above has permission to engage in all Volunteer Program activities except as expressly stated in writing. I hereby give permission to FHC/RTM to provide emergency and routine first aid, and seek emergency medical treatment including, without limitation, ordering tests or any other procedure recommended by any physician or medical provider. I agree to the release of any records necessary for insurance/medical purposes. I hereby give permission to FHC/RTM to arrange necessary related transportation for Volunteer in the event of an emergency. If I cannot be reached in an emergency, I hereby give permission to all physicians, related medical providers and any health care facility to secure and administer treatment, including hospitalization, for the Volunteer identified above.

Signature of volunteer or parent/guardian: _____

Printed name: _____ Date _____

Family Harvest Church & Robb Thompson Ministries Volunteer Adult and Minor Waiver, Liability and Publicity Release

Project Name: _____

Project Dates: _____

I understand and agree on behalf of myself and my minor child, if applicable (adult and child volunteers are referred to as "Volunteer"), that all volunteer activities with Family Harvest Church or Robb Thompson Ministries and their affiliated ministries (collectively referred to as "FHC/RTM") exposes Volunteer to certain risks, including the risk of illness, personal injury, death, loss or damage to personal property. Volunteer chooses to participate as a Volunteer with a clear understanding and acknowledgement of these risks. The FHC/RTM volunteer program includes, but is not limited to, on campus activities, domestic travel, disaster relief trips and activities, construction, demolition, entertainment and live performances and other FHC/RTM activities (collectively, any "Volunteer Program"). FHC/RTM provides foreign travel insurance for all Volunteers when going outside the U.S. Proof of insurance is required by the Volunteer for all stateside trips.

Volunteer understands and expressly agrees that FHC/RTM, their officers, directors, employees, sponsors, agents, assignees, shareholders, members, principals and volunteers (collectively referred to as "Released Parties") shall not be liable for any damages on account of injury to Volunteer's property, including by way of example and not by limitation, Volunteer's personal articles, tools, equipment, machinery and vehicles ("Volunteer's Personal Property"), injury to Volunteer or injury or occurrence resulting in the death of the Volunteer, which may occur as a result of Volunteer's own actions, inactions, or negligence, and/or from the actions, inactions, or negligence of the Released Parties, and/or from the condition of Volunteer's Personal Property or of any premises, facilities, personal articles, tools, equipment, machinery and vehicles belonging to any party, person or entity, including Volunteer's Personal Property, used while Volunteer participates in any Volunteer Program.

Volunteer assumes full responsibility for any injuries, damages or death which may occur to Volunteer during Volunteer's participation in any Volunteer Program. In consideration of being allowed to participate in any Volunteer Program, Volunteer does hereby fully and forever release, waive, discharge and covenant not to sue the Released Parties from all liability, including without limitation, injury to or loss of use of Volunteer's Personal Property, injury to Volunteer or death of Volunteer, injury or harm to Volunteer's personal representatives, assigns, heirs, and next of kin for any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, which Volunteer may have or accrue as a result of Volunteer's participation in any Volunteer Program whether caused by Volunteer's own actions, inactions, or negligence, or the actions, inactions, or negligence of the Released Parties, or the condition of any premises, facilities, vehicles or of any equipment used during any Volunteer Program. As a Volunteer in any Volunteer Program, Volunteer confirms that Volunteer is not participating as a duly elected representative nor as an employee of FHC/RTM.

Volunteer hereby agrees and consents that FHC/RTM, may use, without payment or other consideration Volunteer's picture, silhouette, likeness and voice, name, performance, interview and any transcripts and/or portions of any of the foregoing (collectively referred to as "Volunteer's Likeness") in any medium in connection with any Volunteer Program or FHC/RTM Projects (as defined below) in any respect. FHC/RTM may edit Volunteer's Likeness as deemed appropriate by FHC/RTM. Volunteer hereby agrees and consents that FHC/RTM, may use all or part of Volunteer's Likeness for use in FHC/RTM Projects including by way of example and not by limitation, any audiovisual recordings (including the manufacture and sale of audio video recordings), productions and or any derivative uses thereof or any other use for FHC/RTM (collectively referred to as "FHC/RTM Projects").

FHC/RTM shall have all right, title and interest in any and all results and proceeds, if any, from said use of Volunteer's Likeness. FHC/RTM is not obliged to make use of Volunteer's Likeness or exercise any of the rights in and to Volunteer's Likeness granted to FHC/RTM by this agreement. Volunteer hereby releases FHC/RTM and the Released Parties from any

and all claims, including without limitation, libel, slander, or invasion of privacy or publicity rights with regard to Volunteer's Likeness or their use by FHC/RTM. The rights granted to FHC/RTM herein are perpetual, worldwide, and Volunteer understands FHC/RTM will incur substantial expense in reliance on this agreement.

Volunteer agrees that this agreement shall be governed by and construed in accordance with the laws of Illinois without regard to conflict of laws provisions. If any provision of this agreement or the application thereof is held invalid or unenforceable, the other provisions of this agreement will not be affected thereby.

I have carefully read and understand the Adult and Minor Health History and Authorization and Consent for Medical Treatment ("Health History and Consent"). I have completed the Health History and Consent accurately and completely. I agree to notify FHC/RTM in writing of any and all changes or modifications to Volunteer's Health History and Consent so that FHC/RTM shall at all times have accurate Health History and Consent information.

I have carefully read this agreement and understand its contents. I am aware this is a waiver and a release of liability and publicity, including any liability based upon the Released Parties' own negligence, and I sign it voluntarily.

Adult Volunteer Acknowledgement: I understand and expressly consent and agree to all waivers, releases and terms and conditions contained within this Adult and Minor Volunteer Liability and Publicity Release.

Adult Volunteer Signature: _____

Print Name: _____

Date: _____

Address: _____

City / State / Zip: _____

Phone: _____ Email: _____

Parent/Guardian Acknowledgement:

I understand and expressly consent and agree to all waivers, releases and terms and conditions contained within this Adult and Minor Volunteer Waiver, Liability and Publicity Release. I am aware that the Adult and Minor Volunteer Waiver, Liability and Publicity Release is a waiver and a release of liability and publicity on behalf of my minor child, _____, and I sign it voluntarily.

Parent Signature: _____

Guardian Signature: _____

Print Name: _____

Print Child's Name and Age: _____

Date: _____

Address: _____

City / State / Zip: _____

Phone: _____ Email: _____

Robb Thompson Ministries

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Date: _____ Driver Lic.# (if checking driving record) _____ Driver Lic. State _____

Last Name _____ First Name _____ Middle Name _____

Maiden and/or Other Last Names Used _____ Address* _____

City* _____ County* _____ State* _____ Zip Code* _____

Date of Birth** _____ Social Security Number** _____ Circle One**: Male /Female

This authorization and consent for release of personal information acknowledges that (Hereafter referred to as "Company") and/or its agent, Trak-1 Technology, may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Trak-1 Technology, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from Trak-1 Technology / PO Box 130159 Houston, Texas 77219 at telephone number 1-800-600-8999. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? Yes ___ No ___ If so, do you want a copy of any Consumer Report prepared concerning you? Yes ___ No ___

I understand that California law required Company to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Company to liability (Section 1786.29).

* AS SHOWN ON THE ORIGINAL APPLICATION ** TO BE USED ONLY FOR CRIMINAL HISTORY SEARCHES, AND NOT A PART OF THE PERSONNEL FILE. I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF _____.

Signed this _____ day of _____, 20 _____

Applicant (Print Name) _____