

# TEAM HUNGRY MISSIONS TEAM APPLICATIONS

Team Destination: Managua, Nicaragua  
Dates of Trip: \_\_\_\_\_

## Personal Information

1. Name (as on passport/birth certificate): \_\_\_\_\_
2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number:(\_\_\_\_)-\_\_\_\_\_ E-Mail \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_
4. Marital Status: \_\_\_\_\_ Church: \_\_\_\_\_
5. Occupation \_\_\_\_\_ Employer/School: \_\_\_\_\_
6. Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
7. Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Skills

8. Language Skills Other Than English: \_\_\_\_\_
9. Please List Any Professional, Business, Trade or Ministry Skills (including the arts):  
\_\_\_\_\_  
\_\_\_\_\_
10. Have you been on a mission trip before? \_\_\_\_\_ Where? \_\_\_\_\_  
With Whom? \_\_\_\_\_ When? \_\_\_\_\_

## Please Supply The Following

11. A written statement on **why** you want to go on **this** mission trip. (On a separate sheet)
12. Please describe the strengths and talents that you will be attributing to the team.
13. In addition, please describe the weaknesses that you will be bringing to the team.
14. Three personal references forms stating your personal character and conduct from 1) One Parent or Guardian 2) Pastor or a Community Leader who know you well 3) Teacher or Coach who know you well. All forms can be obtained from Mr. Flavin (SR-809)
15. \$200 non-refundable deposit due before: \_\_\_\_\_.

# Team Hungry

## TEACHER OR COACH REFERENCE

Applicant's Name (as on birth certificate) \_\_\_\_\_ Phone \_\_\_\_\_

Team Choice: Team Hungry - Managua, Nicaragua

We are endeavoring to have mature, dedicated, committed youth that are willing to volunteer their time, offer their talents, and give up some of their funds to serve others on a short term Legacy trip. *Team Hungry's* goal is to positively represent the families, the school system and the community in which we live. Thus, we are seeking candidates who are up standing in the three areas of our community. With this in mind, we ask that you please fill out the form on the individual who desires to serve with *Team Hungry* in Managua. All replies will be held in strict confidence. The applicant will not be accepted until this form is received.

### General Information

Community Leader's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ How well do you know the applicant? \_\_\_\_\_

### Character Reference

Industry:	<input type="checkbox"/> Conscientious	<input type="checkbox"/> Lazy	<input type="checkbox"/> Starts but doesn't finish
Socially:	<input type="checkbox"/> Well-liked	<input type="checkbox"/> Obnoxious	<input type="checkbox"/> Tolerated
Responsibility:	<input type="checkbox"/> Assumes responsibility	<input type="checkbox"/> Unreliable	<input type="checkbox"/> Dependable
Team Work:	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Causes friction	<input type="checkbox"/> Independent
Spiritually:	<input type="checkbox"/> Deep commitment	<input type="checkbox"/> Little interest	<input type="checkbox"/> Shows growth
Morals:	<input type="checkbox"/> High Christian values	<input type="checkbox"/> Questionable	<input type="checkbox"/> Average
Leadership:	<input type="checkbox"/> Positive leadership	<input type="checkbox"/> Follower	<input type="checkbox"/> Leads at times
Authority:	<input type="checkbox"/> Obedient	<input type="checkbox"/> Rebellious	<input type="checkbox"/> Questions authority
Service:	<input type="checkbox"/> Eager	<input type="checkbox"/> Reluctant	<input type="checkbox"/> Average
Emotionally:	<input type="checkbox"/> Good control	<input type="checkbox"/> Loses control	<input type="checkbox"/> Fluctuates

Please note anything further about the applicant or their home life that you feel we should know. (How do they handle stress, what are they like very tired, do they tend to whine? What are some positive points and negative points that you would want to know about this person under a mission trip condition?) Use the back or another sheet if needed.

I find this applicant:  Definitely well suited for this trip and I fully recommend  A good Candidate  
 An average prospect with slight reservations  Not suited for this trip at *this time*

\_\_\_\_\_  
*I think this trip would benefit the candidate more than the over all group and I wish a chance to talk with you about the candidate, but I still recommend this candidate for this trip.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return in a sealed envelope or mail to: Jeff Flavin 2448 Highway 154 Newnan, GA 30265

# Team Hungry

## PASTOR/COMMUNITY LEADER'S REFERENCE

Applicant's Name (as on birth certificate) \_\_\_\_\_ Phone \_\_\_\_\_  
Team Choice: Team Hungry - Managua, Nicaragua

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### General Information

Pastor/Community Leader's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_  
How long have you known the applicant? \_\_\_\_\_ How well do you know the applicant? \_\_\_\_\_

### Character Reference

Industry:	<input type="checkbox"/> Conscientious	<input type="checkbox"/> Lazy	<input type="checkbox"/> Starts but doesn't finish
Socially:	<input type="checkbox"/> Well-liked	<input type="checkbox"/> Obnoxious	<input type="checkbox"/> Tolerated
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\_\_\_\_\_  
*I think this trip would benefit the candidate more than the over all group and I wish a chance to talk with you about the candidate, but I still recommend this candidate for this trip.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return in a sealed envelope or mail to: Jeff Flavin 2448 Highway 154 Newnan, GA 30265

# Team Hungry

## PARENT'S REFERENCE

Applicant's Name (as on birth certificate) \_\_\_\_\_ Phone \_\_\_\_\_

Team Choice: Team Hungry - Managua, Nicaragua

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### General Information

Parents Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ How well do you know the applicant? \_\_\_\_\_

### Character Reference

Industry:	<input type="checkbox"/> Conscientious	<input type="checkbox"/> Lazy	<input type="checkbox"/> Starts but doesn't finish
Socially:	<input type="checkbox"/> Well-liked	<input type="checkbox"/> Obnoxious	<input type="checkbox"/> Tolerated
Responsibility:	<input type="checkbox"/> Assumes responsibility	<input type="checkbox"/> Unreliable	<input type="checkbox"/> Dependable
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Spiritually:	<input type="checkbox"/> Deep commitment	<input type="checkbox"/> Little interest	<input type="checkbox"/> Shows growth
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 An average prospect with slight reservations  Not suited for this trip at *this time*

       *I think this trip would benefit the candidate more than the over all group and I wish a chance to talk with you about the candidate, but I still recommend this candidate for this trip*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return in a sealed envelope or mail to: Jeff Flavin 2448 Highway 154 Newnan, GA 30265

# AFFIDAVIT FOR TRAVELING WITH ADULT OTHER THAN PARENT

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, GIVE PERMISSION FOR MY SON\DAUGHTER,  
\_\_\_\_\_, WHO WAS BORN ON \_\_\_\_\_ TO

ACCOMPANY **JEFFREY T. FLAVIN** AND/OR **MELONIE FLAVIN**  
ON A TRIP OUT OF THE UNITED STATES TO MANAGUA, NICARAGUA FROM  
\_\_\_\_\_ THROUGH \_\_\_\_\_ THIS IS ALSO OUR  
PERMISSION FOR MEDICAL ASSISTANCE TO BE ADMINISTERED SHOULD THEY  
BECOME ILL OR INVOLVED IN AN ACCIDENT.

\_\_\_\_\_  
Father Date

\_\_\_\_\_  
Mother Date

\_\_\_\_\_  
Legal guardian Date

\_\_\_\_\_  
NOTARY SEAL AND SIGNATURE

\_\_\_\_\_  
DATE

NOTE: BOTH SIGNATURES NEEDED OR DIVORCE DECREE STATING SOLE CUSTODY.

# TEAM HUNGRY Liability Release/Consent Form

## Release of All Claims

Name of participant \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State - Zip code \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Parent(s) business phone \_\_\_\_\_ Cell: \_\_\_\_\_

In consideration for being accepted by Team Hungry for participation on a Mission Trip, we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Team Hungry, and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in all activities relating to the Mission Trip.

Further, authorization and permission is hereby given to said mission to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said school and/or mission, its directors, employees and agents, for any liability sustained by said mission as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 18 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Hospital insurance?: Yes: 0 No: 0

Insurance company _____	_____	_____
Policy number _____	Father _____	Date _____
Physician _____	_____	_____
Physician's phone _____	Mother _____	Date _____
Emergency phone numbers _____	_____	_____
Pastor's Phone # _____	Legal Guardian _____	Date _____
Participant may be the only signer if 18 years of age or older. If under 18, <i>both</i> parents must sign.	Participant _____	Date _____

**NOTARY:**

Sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

Signed \_\_\_\_\_

My Commission Expires on \_\_\_\_\_

# Team Hungry, Inc.

## HEALTH FORM

(Confidential)

Please **print** in ink or **type**. Couples should fill out separate forms.

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Current Marital Status:  Single       Married       Divorced       Widowed

Heredity: Among your immediate family, grandparents, uncles or aunts, is there any history of cancer, tuberculosis, epilepsy, alcoholism, mental disorder, migraine headaches, asthma, diabetes, heart or any circulatory or blood disease? Specify relative and disease:

Condition of health:       Poor       Fair       Good       Excellent

Height: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Weight: \_\_\_\_\_

### Immunizations:

To your knowledge, which of the following have you had the normal immunizations for?

<input type="radio"/> Mumps	<input type="radio"/> Rubella	<input type="radio"/> Smallpox	<input type="radio"/> Tuberculosis
<input type="radio"/> Cholera	<input type="radio"/> Tetanus	<input type="radio"/> Typhoid	<input type="radio"/> Pertussis
<input type="radio"/> Measles	<input type="radio"/> Gamma Globulin	<input type="radio"/> Hepatitis A	<input type="radio"/> Hepatitis B
<input type="radio"/> Diphtheria	<input type="radio"/> Polio	<input type="radio"/> Others: _____	

### Allergies:

Specify if you have any allergies (to medications, food, or other): \_\_\_\_\_

### Physical Conditions:

Indicate whether you have or have had: (Also circle those that *still* apply to you *now*.)

<input type="radio"/> Asthma	<input type="radio"/> High Blood Pressure	<input type="radio"/> Chronic Fatigue	<input type="radio"/> Obsessive Thoughts
<input type="radio"/> Respiratory Disorders	<input type="radio"/> Diabetes	<input type="radio"/> Endometriosis	<input type="radio"/> Compulsive Actions
<input type="radio"/> Epilepsy	<input type="radio"/> Mitral Valve Prolapse	<input type="radio"/> Pre-Menstrual Syndrome	<input type="radio"/> Depression
<input type="radio"/> Fainting Spells	<input type="radio"/> Cardiac Problems	<input type="radio"/> Sexually Transmitted Diseases	<input type="radio"/> Anxiety Problems
<input type="radio"/> Convulsions	<input type="radio"/> Stomach Ulcers	<input type="radio"/> AIDS Virus	<input type="radio"/> Bipolar Disorder
<input type="radio"/> Tic Problems	<input type="radio"/> Rheumatic Fever	<input type="radio"/> Anorexia Nervosa	<input type="radio"/> Night Terrors
<input type="radio"/> Leukemia	<input type="radio"/> Tuberculosis	<input type="radio"/> Bulimia Nervosa	<input type="radio"/> Psychiatric Consult.
<input type="radio"/> Cancer	<input type="radio"/> Lupus	<input type="radio"/> Speech Problems	<input type="radio"/> Substance Abuse
<input type="radio"/> Hepatitis	<input type="radio"/> Thyroid Problems	<input type="radio"/> Learning Disabilities	<input type="radio"/> Alcoholism
<input type="radio"/> Hypoglycemia	<input type="radio"/> Back Problems	<input type="radio"/> Sleep Difficulties	<input type="radio"/> Drug Flashback
<input type="radio"/> Anemia	<input type="radio"/> Incapacitating Headaches	<input type="radio"/> Att. Deficit/Hyperact. Disorder	

Females Only:

Irregular periods  
 Severe Cramps  
 Are you pregnant

Medical History:

Have you ever been turned down for medical reasons from any of the following:

Life Insurance       Military       Employment       College

How many days have you been hospitalized in the past five years for the following:

Medical       Surgical       Psychiatric      Explain: \_\_\_\_\_

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Temperament:

Indicate which characteristics seem to apply to your temperament:

Impulsive       High-strung       Nervous       Calm  
 Easy-going       Introspective       Shy       Anxious  
 Moody       Self-conscious       Aggressive       Dominant  
 Optimistic       Cheerful       Enthusiastic       Irritable  
 Self-confidant       Often depressed

Any lack of emotional control?  Yes     No Explain: \_\_\_\_\_

Do you suffer from insomnia?  Yes     No      Disturbed sleep?  Yes     No

Explain: \_\_\_\_\_

Have you ever seriously considered committing suicide?     Yes     No

If so, when? \_\_\_\_\_

Stamina:

Is there any reason why you cannot tolerate:

Rigorous outdoor activity?       High altitudes?  
 High temperatures?       Low temperatures?

Explain: \_\_\_\_\_

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Do you have any handicaps which might hinder missionary service? Explain: \_\_\_\_\_

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Are you on any type of special diet? Explain: \_\_\_\_\_

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Other:

We need to have information from your physician regarding any significant medical and/or emotional problems that currently affect you.

I certify that I have answered the above questions fully and honestly and that I have no other significant health problems.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



## **Immunization Guidelines For Trip to Managua, Nicaragua**

1. Talk to your family physician for required immunizations for the area that you will be traveling to.
2. Team Hungry requires that you have your Tetanus updated and strongly recommends that you get your Hepatitis A & B.
3. We have been told that we don't need the Typhoid, Cholera, or Yellow Fever shots. The Mosquitia Coast area does need those shots but we are not in that area.
4. We are **not** going to be staying in a Malaria area but you must make that decision with your family physician. We will be near a Malaria area, but consult with your family physician regarding this issue.