



Global  
International  
Missions  
Application

*Integrating faith and healthcare.*

# Hope & Healing

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**Application Instructions:**

*You will need Adobe Reader to submit this form electronically through the FaithCare website. A free download of Reader is available at [www.adobe.com](http://www.adobe.com).*

*Please read this entire document to familiarize yourself with trip procedures. To submit your application online through the FaithCare website, complete the entire form (beginning on page 4) by typing your information into the blank fields. Once complete, print a copy for yourself, then click on the SUBMIT button and follow the prompts. If you are unable to fill out the form online, you may print the application, fill it out, and fax or scan it back to the FaithCare office. Remember to keep a copy for your records.*

## **I. WHAT TO DO NOW**

1. Apply to the project using this application. The team leader of this medical mission will decide who will ultimately be able to join the team, based on the needs of the team and each participant's qualifications.
2. If you don't already have a Passport, get your application in immediately. Go to any Post Office and they will tell you what to do and where to go.
3. Visa requirements: Some countries require a Tourist or Visitors Visa in order to enter the country. A link can be found on our website.
4. If you are not able to afford the cost of the trip, start applying now for assistance to your Church's outreach or missions committee and/or write letters describing the trip and asking friends, relatives, and your employer for support.
5. Once accepted to the team, start the process of getting your immunizations/ shots as required by the World Health Organization. Ask your healthcare provider for direction regarding the immunizations and your health.
6. Emergency travel insurance, flight insurance, emergency evacuation insurance, and other coverage are at your discretion. You may obtain any of these insurances at your own expense; the FaithCare office can help provide more information.

## **II. WHAT TO PLAN ON PACKING FOR THE TRIP**

1. In place of luggage you will carry up to 50 lb mission packs filled with supplies and medicine. You can also bring one carry-on per airline regulations. One 50 lb box per group (labeled for team use) is designated for team personal items.
2. Pack appropriate clothing for the weather. You should pack one set of clothes for trips to "the bush" (rural areas with bad roads, lots of dust, uneven walking surfaces). We suggest a light weight long sleeve shirt, long pants and hiking shoes, a hat or cap. The maximum body coverage serves two purposes (protection from sun burn and from insects). Even though it will be hot, we do not recommend wearing "flip-flops" or open sandals in the bush (to avoid insects and manure borne critters on the ground).
3. When we are in the city, we will be going to various events in Churches and people's homes. For these events, you should have a set of clean business dress type clothes. When you are invited for dinner to a person's home, they will put out the very best food, and they will dress up to honor your presence. We show our hosts courtesy by respectful dress. Men: jacket, dress shirt, long pants, shoes or sandals. Women: dress that covers the legs, upper arms and chest.
4. It is a very good idea to bring a mosquito net with you. A self-supporting type with collapsible nylon rods will work a lot better than the type that needs to be tied, for instance, to the lamp post and door knob. You can get them at Eastern Mountain Stores or other outdoor outfitter.
5. Spray mosquito net and your "bush" clothes with "premethren" (available at drug stores) or another bug repellent several days before packing. Consult your physician to be sure you are not allergic to the active ingredient.

6. Meds: Missions often take place in very hot, dry, and dusty environments. If you have dry skin or dry eyes, be sure to bring extra skin lotion, eye drops, lip balm/gloss and whatever else you use. Also remember to bring a strong bug repellent as recommended by the health clinic where you got your shots. Also remember to get your prescription filled for the anti-diarrhea medicine. At least one person usually needs this, and you will be very sorry if you need it and don't have it. Don't forget to bring and take your malaria prophylaxis pills beginning one week before we leave. If you have sensitive skin and need a special kind of soap or shampoo, please bring it. There are drug stores in country, but the range of choices is nothing like what we are used to. If you have any respiratory problems (asthma or other) please be sure to bring your inhalers and all necessary medications with you.
7. Anti-bacterial hand-soap: You should carry a bottle of this with you in the bush. There is no soap of any kind in the bush villages, and there are no private restroom facilities available. You will be shaking hands and otherwise interacting with people who are in a very different germ environment from the one your body has adapted to, so you want to keep those new germs off of your hands and out of your digestive system.
8. Cameras and video recorders: As the saying goes, a picture is worth a thousand words, especially when sharing trip memories with others when you return home. Please observe cultural norms when taking pictures. If you own an old Polaroid camera, you may want to take it along, as these have been a great hit in rural villages. Giving a photo to people who have never had their picture taken provides them with a big thrill, especially kids. Check with your trip leader before taking photographs of any area where patients are being seen or undergoing a procedure. Do not post any patient pictures to Face Book or the internet.
9. Money: About \$200 in spending cash should be ample. We will be in rural areas where there is little to buy except for the bare necessities of life. We advise leaving all unnecessary credit cards at home. You may want to take one card with you in case you need to stay at a hotel.
- 11) Granola bars: We will be very well fed while we are in our host country. However, if you have trouble with spicy food or exotic food, you may want to pack some granola bars or peanut butter and crackers.

### **III. CULTURAL SENSITIVITIES**

1. Please refer to the appropriate information document on the FaithCare website for details about the specific country you will be visiting.

### **IV. NON-MEDICAL STAFF ROLE**

During the mission, medical professionals will be assisting with medical functions at the direction of the FaithCare leaders. Non-medical people will be helping with record-keeping, logistics, welcome, prayer and various other duties. The role of the non-medical people is to manage patients and non-medical patient-related tasks as efficiently as possible, so that medical people can focus their time and energy on providing quality care to the patients.

# GLOBAL INTERNATIONAL MISSIONS APPLICATION

|   |                              |                             |                              |                              |                                 |  |                                 |                                |                                |  |
|---|------------------------------|-----------------------------|------------------------------|------------------------------|---------------------------------|--|---------------------------------|--------------------------------|--------------------------------|--|
| Do you have a passport that will be valid for at least 6 months as of the departure date?   |                              |                             |                              |                              |                                 |  | <input type="checkbox"/> Yes    |                                | <input type="checkbox"/> No    |  |
| You must mail, fax, or scan and email a copy of your passport to us. We will request the original once you are accepted to participate if required by the project site country. If you are not a US citizen, you must obtain the necessary documentation in order to travel with the team from your country. <b>PLEASE NOTE: We cannot provide you with tickets until we receive <u>all</u> required signed forms, documents and fees. No Exceptions!</b>   |                              |                             |                              |                              |                                 |  |                                 |                                |                                |  |
| <b>REQUIREMENTS:</b> All applicants and all Medical Professionals must provide the following.   |                              |                             |                              |                              |                                 |  |                                 |                                |                                |  |
| <ul style="list-style-type: none"> <li>\$125 Non-refundable registration fee.</li> <li>Copy of first page of passport (with at least one (1) additional photo)</li> <li>Copy of professional diplomas.</li> <li>Physicians: Hospital Privilege Letter, Curriculum Vitae, Board and Residency Diplomas, Current License/Certifications.</li> <li>Students/Residents: Letter of good standing from Dean or Department Chair.</li> <li>Nurses and Physician's Assistants: Current license copy.</li> </ul> |                              |                             |                              |                              |                                 |  |                                 |                                |                                |  |
| <b>APPLICANT INFORMATION</b>  |                              |                             |                              |                              |                                 |  |                                 |                                |                                |  |
| Last Name:  |                              |                             |                              | First Name:                  |                                 |  |                                 | Middle:                        |                                |  |
| US Citizen?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Place of birth:              |                              |                                 | Birth date:  |                                 | Age:                           | Sex:                           | <input type="checkbox"/> M <input type="checkbox"/> F    |
| Height:   | Weight:                      | Eye Color:                  |                              | Eye glasses:                 |                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Shirt/Scrub Size:               |                                |                                |  |
| Street address:   |                              |                             |                              |                              |                                 |  | P. O. Box #                     |                                |                                |  |
| City:   |                              |                             | State:                       |                              | Zip:                            |  | Passport#                       |                                |                                |  |
| Home Phone:   |                              |                             |                              | Mobile:                      |                                 |  |                                 | Fax:                           |                                |  |
| Email:  |                              |                             |                              |                              |                                 |  | Email Work:                     |                                |                                |  |
| Marital Status:   |                              |                             |                              |                              |                                 |  | Religious Affiliation:          |                                |                                |  |
| <b>EMPLOYMENT INFORMATION</b>   |                              |                             |                              |                              |                                 |  |                                 |                                |                                |  |
| Employer:   |                              |                             |                              |                              |                                 |  | Phone:                          |                                |                                |  |
| Address:  |                              |                             |                              | City:                        |                                 |  | State:                          |                                | Zip:                           |  |
| Occupation:   |                              |                             |                              |                              | Is this a health related field? |  | <input type="checkbox"/> Yes    | <input type="checkbox"/> No    |                                |  |
| <b>EDUCATION AND SKILLS</b>   |                              |                             |                              |                              |                                 |  |                                 |                                |                                |  |
| List type of skill, degree, or specialty  |                              |                             |                              |                              |                                 |  |                                 |                                |                                |  |
| Nurse:  |                              |                             |                              |                              |                                 |  | Dental:                         |                                |                                |  |
| PA:   |                              |                             |                              |                              |                                 |  | Eye:                            |                                |                                |  |
| Technician:   |                              |                             |                              |                              |                                 |  | Pharmacist:                     |                                |                                |  |
| MD:   |                              |                             |                              |                              |                                 |  | Other:                          |                                |                                |  |
| Non Medical:  |                              |                             |                              |                              |                                 |  | Clerical/Pastoral:              |                                |                                |  |
| <b>EMERGENCY CONTACT INFORMATION</b>  |                              |                             |                              |                              |                                 |  |                                 |                                |                                |  |
| Name:   |                              |                             |                              | Relationship:                |                                 | <input type="checkbox"/> Spouse                          | <input type="checkbox"/> Parent | <input type="checkbox"/> Child | <input type="checkbox"/> Other |  |
| Address:  |                              |                             | City:                        |                              |                                 | State:   |                                 | Zip:                           |                                |  |
| Home Phone:   |                              |                             | Mobile Phone:                |                              |                                 | Work Phone:  |                                 |                                |                                |  |
| Email:  |                              |                             |                              |                              |                                 |  |                                 |                                |                                |  |
| Other Information:  |                              |                             |                              |                              |                                 |  |                                 |                                |                                |  |
| <b>OTHER INFORMATION</b>  |                              |                             |                              |                              |                                 |  |                                 |                                |                                |  |
| Do you speak another language?  |                              |                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No  | What Language?                  |  |                                 | Would you interpret?           |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you participated in a mission project previously?  |                              |                             |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No     | Where:   |                                 |                                |                                |  |
| What did you do?  |                              |                             |                              |                              |                                 |  |                                 |                                |                                |  |

What do you envision yourself doing on this project?

Do you have any concerns or fears?

What motivated you to apply?

Describe (briefly) any spiritual gifts you may have:

How do you plan to finance this trip? (See website for sample fund raising letter)

**PROVIDE A BRIEF BIO OF YOURSELF**

**PERSONAL HEALTH**

The locations we visit are often extremely difficult environments to adjust to and to work in. Therefore, it is very important that you answer all of the questions concerning your health honestly.

Are you fit mentally, emotionally, and physically?  Yes  No Physical Exam within the last year?  Yes  No

Have you been or are you being treated for anxiety or depression?  Yes  No

If yes please give details:

List all known allergies:

Are you a diabetic?  Yes  No

Do you have high blood pressure?  Yes  No Blood type:

Any surgeries in the last 2 years?  Yes  No

What were they?

Dietary restrictions:

Heart, Liver, Kidney or other condition?

Medications you are taking including over the counter drugs:

Other:

### TRAVEL ARRANGEMENTS

I understand that as a **FaithCare, Inc. - Global International Missions** (GIM) participant I am expected to travel internationally with the **Global International Missions** (GIM) team from a designated airport, usually New York to the location. By signing below I give my permission to **FaithCare, Inc. - Global International Missions** (GIM) and their travel agent to make my international flight arrangements. I understand that I am responsible for payment (in advance) of any travel arrangements (including Visa's) made on my behalf by **GIM** and their travel agent. I understand that I am responsible for payment of any travel arrangements made on my behalf by FaithCare and their travel agent. We try to secure the best fares available and advance payment is required. We must have or you must provide your credit card information to the travel agent in advance. We cannot ticket without full payment of ticket fees. I also understand that I am responsible for the flight arrangements, including costs to the city/airport of departure from my home.

### CHARGES

**A non-refundable application fee of \$125.00 made out to FaithCare, Inc. is due with this application.**

**Project/trip fees:** sometimes vary by location the typical trip fee being about \$1,250. which includes in-country transportation, food, lodging, security, and other logistics. This fee is due once your application has been accepted. **PLEASE NOTE:** The cost of airfare from US or your point of origin to the location is additional. Call the office or visit our webpage click on Global Missions from the menu bar for more information regarding the project you are applying to.

There is an online payment option from our web page click the Donate button on the menu bar or scroll to the bottom of the page and click the **JustGiving** option. Be sure to indicate that your "donation" is for trip fees or mail your check to the office at: 75 Charter Oak Ave., Office 2-206, Hartford, CT 06106. (*There is a fee for using the online payment option, so please include the additional amount in your payment.*)

The project fee is used in part to cover GIM project operational expenses and cannot be prorated for partial participation. If the project is filled or if an application is not approved, the application fee will be refunded. If you cancel after tickets are purchased in your name you will be responsible to arrange with the vendor, carrier or travel agent any refunds, uses and exchanges. You will also be responsible for any travel insurance, flight insurance or international health or evacuation insurance. **FaithCare, Inc.** will send US IRS Tax-deductible receipt letters for all donations/sponsorships contributed for **FaithCare, Inc. - GIM** project expenses. Donation checks should be made out to **FaithCare, Inc.** with the participants name in the memo field. All cancellations **MUST** be submitted to **FaithCare, Inc.** in writing. Any excess funds received in donations and sponsorship cannot be returned to the participant and will be kept in reserve for the participant to use on a future trip. The funds must be applied toward a trip within 12 months from the date of the original trip after which time period the funds will be used for medicines, equipment, shipping, operational expenses, and other programs. We discourage children under 18 from participating although by request we will make a consideration for children ages 12-17. All children must be accompanied by a parent or other legal guardian and must complete a supplemental application form. If at least one parent is not participating a Parental Consent must be signed and notarized. Please request this form from the office.

### STANDARDS OF CONDUCT AND BEHAVIOR

It is very important that we act in the way we know our those principals In adapting to the circumstances, expectations, and cultural mores of the places and people we serve, there are some restrictions we must all agree to follow for the duration of each project: Our actions and behavior will have a more profound impact upon people than what we say to them. Be mindful of your behavior and model it upon that of Christ's. We do not want to be a stumbling block to others nor do we wish to give offense and defeat our purpose by acting in a way that makes us look small or hypocritical. We have a responsibility to lead by example to act as ambassadors and not as tourists. We do not want to hinder or hurt our goal to bring hope and healing to and through the medical community by integrating faith with healthcare in any way. We ask that you abstain from the use of alcohol, tobacco, illegal drugs, from attending clubs and bars, and from any kind of immoral behavior. All participants in **FaithCare, Inc. - GIM** short-term foreign mission projects are expected to uphold these standards of conduct. The Team Leader is authorized to immediately dismiss anyone who violates these standards of conduct and behavior.

**INDEMNIFICATION AND HOLD HARMLESS**

WHEREAS, \_\_\_\_\_ (here after "team member") desires to participate in the voluntary medical outreach mission to \_\_\_\_\_ (Country) from the dates of \_\_\_\_\_ to \_\_\_\_\_, and WHEREAS, the team member desires to provide free will services to the needy population of the under-developed nation being served by **FaithCare, Inc.**, Inc. NOW, THEREFORE, in consideration for the satisfaction of service, personal and/or spiritual growth, educational experience, and other good and valuable consideration, the receipt of which is hereby acknowledged: The team member hereby irrevocably and unconditionally agrees to release and hold harmless the **FaithCare, Inc.** - GIM, its team leader, its Board of Directors, its Advisors and Consultants, employees and all others associated with the **FaithCare, Inc.** - GIM, from any and all costs, expenses, liabilities, attorney's fees, or any other damages, claims, or suits for damages, personal injury, wrongful death, or property loss/damage related in any way to the mission.

I do hereby acknowledge the inherent risk of international travel and the fact that injury, death, disease, might occur during or as a result of my service on a **FaithCare, Inc.** – GIM project, and fully understanding that the risks associated with such service may include, but are not limited to, injury or death by accident, loss of, personal property, lost, stolen, or damaged property; automobile, plane, mechanical, pedestrian, or any other accidents; medical illnesses; infections, including bacterial, fungal, parasitic, viral, HIV, etc.; post-traumatic stress, depression, or mental anguish; uprisings within the country, imprisonment, difficulty entering or leaving the country, victim of deceit or fraud, death from natural or unnatural causes, consequences of not providing adequate personal protection against the natural elements/conditions or diseases. I willingly assume these risks and I hereby waive any and all claims against the participating local and international organizations as well as the sponsoring institutions, their officers and employees, and the leaders of **FaithCare, Inc.** I hereby acknowledge that I have read the "informational packet regarding the mission project to \_\_\_\_\_ and have had an opportunity to talk with the team leader and any advisors of my choosing about the risks inherent in the mission.

**SIGNATURE**

By signing below I acknowledge that I have read, understand and accept all of the terms contained in this entire document. You must print and fax or mail this document with your signature.

|                       |       |
|-----------------------|-------|
| _____                 | _____ |
| PARTICIPANT SIGNATURE | DATE  |

*Do not write below this line.*

|                           |                    |
|---------------------------|--------------------|
| <b>Approved by:</b> _____ | <b>Date:</b> _____ |
|---------------------------|--------------------|

*NB: Any applications received after the closing date will be returned to the applicant. Any incomplete application or those not accompanied by the necessary fees and documentation will not be considered until completed. All forms and the waiver must be completed for EACH project. (There are no "standing" applications)*



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