



APPLICATION FOR
THE LAWNDALE SUMMER MEDICAL PROJECT

For more information:
LSMP@lawndale.org

Application Deadline: (Wednesday) March 30, 2022

Project Location: Chicago, Illinois Dates: June 28 - July 29 2022

Sponsored by Lawndale Christian Health Center

Return to: LSMP Applications, Attn: Elizabeth Bauer, Lawndale Christian Health Center--Farragut,
3256 W. 24th Street, Chicago, IL. 60623

ESSENTIAL DOCUMENTATION REQUIREMENTS

A completed application form, 2 reference letters, and non-refundable application fee of \$25 is due by March 30, 2022, NO EXCEPTIONS. Late applications or reference letters will NOT be accepted. All applicants must submit two completed reference forms, one from an academic reference (dean or other faculty) and one from a pastor or other spiritual leader who can testify to your spiritual character. Completed application must be postmarked by 3/30/22

Please type or print clearly

VITAL INFORMATION

Name: _____ Year in School: _____
(Full Name) (Nickname) (eg, M1, SR)

School Name and Current Degree Program: _____

Career Aspiration: MD/DO PA NP Other: _____ Exp Grad Date: _____

Sex: M F Marital Status: M S Race or ethnicity _____ Date of Birth: _____ Age: _____

Current Mailing Address: _____ Alternate Mailing Address (Effective __/__/__) _____

Phone #: _____ Alt Phone #: _____

Email: _____ Alt Email: _____

WE WILL CONTACT YOU BY MAIL, PHONE AND EMAIL

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Person to contact in the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

Contact Address: _____ Alt Phone: _____
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PERSONAL HEALTH STATUS

The work environment of the LSMP can present physically strenuous and stressful situations.

1. Are you physically fit and free of medical conditions or disabilities that could limit your activities and/or prevent you (and others) from safely performing the volunteer services for which you are applying? Yes No If no, please give details. _____

2. Are you currently taking medications on a regular basis? Yes No If yes please list: _____

3. Do you have any dietary restrictions? Yes No If yes please describe _____

4. Please list any known allergies: _____

5. Please provide the name and phone contact information of your current primary care physician: _____

6. Please provide the current medical insurance information (group name, i.d. number and phone): _____

(This information will be kept on file, allowing the project leadership to assist you in case of emergency)

PAYMENT SCHEDULE & INFORMATION

The below payment schedule and information does not apply this year, the program cost will likely be less, please disregard the below information and look for communication from the director upon acceptance.

Tuition for the LSMP is \$700.00, which includes housing, weekday meals, project supplies and materials. A \$25.00 application fee must accompany each application and is non-refundable. Upon notification of acceptance you will have 15 business days to accept the invitation to participate in the LSMP by returning commitment forms and paying entire tuition or a first installment of \$250.00. Second installment is due 0/0/00 in the amount of \$250.00. Final payment is due by the start of the project June 28, 2022. You are encouraged to raise funding and support for this project.

All project fees are to be paid by check or money order only. Please make checks payable to "Lawndale-SMP". Make sure your name is in the memo line. Payment must be in U.S. Funds; non-U.S. bank funds are not accepted.

After June 1, you will be provided with further logistical details including housing and orientation. Please note that you must arrive at Lawndale the evening of June 28th. The program runs until 5pm July 29th.

We encourage all participants to raise their support however if you feel this is not possible please include with your application:

- A letter explaining your need for financial aid.
- A statement from your University Financial Aid Department summarizing your financial need during your undergraduate education.

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PERSONAL / BIOGRAPHICAL INFORMATION

How did you hear about the LSMP? Former participant brochure email missions conference
 other: _____

Do you speak Spanish? Yes No If yes, rank your fluency Fluent Moderate Minimal

Would you plan to have your own car during the project? Yes No

Have you worked in a cross-cultural environment before? Yes No If yes, please list other experiences beginning with the most recent and include location, date and duration.

Local church involvement? Yes No Name of church _____

T-Shirt size (adult male); S M L XL XXL

Letters of Recommendation: are enclosed are being sent separately

On a separate sheet of paper type, or neatly print your answers to the following questions.

*Please use a **maximum** of 250 words per each question.*

1. Who, in your opinion, is Jesus Christ and how do you relate to Him?
2. Why do you want to participate in the Lawndale Summer Medical Project?
3. Write about why you think the LSMP might be an important piece of how God is shaping you to serve Him.
4. What are your long-term goals? Reflect on how the LSMP could impact that.

WAIVER OF RESPONSIBILITY AND ASSUMPTION OF RISK

I, _____, in consideration of the benefits derived from being accepted for voluntary service on the Lawndale Summer Medical Project, fully understand that the risk associated with such service may include, but are not limited to, injury or death by accident, disease or terrorist acts, adverse weather conditions and inadequate medical care, and/or damage to, or loss of, personal property, hereby volunteer my services despite such hazards. I willingly assume these risks and I hereby waive any and all claims against Lawndale Christian Health Center or any other participating local and/or national organizations, their officers, sponsoring institutions and the leaders of any affiliated organizations, for any and all causes in connection with the activities of the above organizations and individuals on the Lawndale Summer Medical Project.

Signature: _____ Date: _____

LAWNDALE SUMMER MEDICAL PROJECT POLICIES AND PROCEDURES FOR VOLUNTEER SERVICE

Project Fees, Deposits and Cancellations

Project fees are used to cover administrative and logistical expenses associated with the LSMP and cannot be prorated for partial participation. Fees are non refundable. If a paid participant must cancel, at the discretion of the project administrator, participant fees paid may be transferred on a one-time basis to the following year's LSMP. After that, any accounts will be deposited into the Lawndale Special Project fund and used at the discretion of the project administrator. Participants should advise donors that checks sent in support of a participant's project fees should be made out to "Lawndale-SMP" with the participants name clearly written in the memo field.

Incomplete applications and documentation

Incomplete applications or those not accompanied by the necessary fees and/or supporting documents will not receive favorable consideration. A signed application and liability waiver with the deposit must be submitted for each participant. "Standing" applications are not legally binding and will not be kept on file.

PARTICIPANTS AGREEMENT

I understand the policies and procedures stated herein and I agree to abide by them. I understand that misrepresentation in my application or the breaching of Biblical standards of conduct will be grounds for dismissal from the project.

Signature: _____ Date: _____

Mailing Instructions:

Please enclose this application in its entirety with a \$25.00 check or money order for the application fee. Letters of recommendations must reference clearly the applicant to whom they apply. If letters of recommendations must be sent separately, please indicate on this application. Application must be postmarked by Wednesday, March 30, 2022.

Mail to: *Elizabeth Bauer, Lawndale Christian Health Center
Farragut, 3256 W. 24th Street, Chicago, IL. 60623*