



MISSIONS APPLICATION

PLEASE READ CAREFULLY!

This form is an extremely vital part for you as a participant in summer missions. BURN 24-7, Inc. and the leaders of summer missions use this form in case of medical treatment/concerns and accountability to the Missions Application. If they are incomplete in any way you may not continue participating in your expedition. Therefore, please completely fill out this form using the following instructions. Fill in the following information on the prescribed line numbers:

Step 1: Fill out the following information and initial every page at the bottom.

***A copy of the insurance card must be provided. A small photo of yourself must also be provided.**

****Without medical insurance, or short-term travel-insurance/ medical insurance covering international travel, you will not be able to participate on a missions trip with BURN 24-7.***

****Please carefully read the Honor Code and Discipline Agreement. These are guidelines set forth by BURN 24-7 which are strictly adhered to. Be sure you sign the form on the appropriate lines.***

Step 2: Medical Information

- Please fill out all 'Medical Information' requested completely (immunization dates are required). Your tetanus shot (received every ten years) must be up-to-date before participating in the trip.
- Please mark 'yes' or 'no' as applicable on the 'Medical Checklist.' Every question must be answered.

Step 3: Notarization

- **Line 6 – is very important** – Participant's over 18 years old must sign this **form in the presence of a Notary Public**. Without the signatures signed in the presence of a Notary Public this form is considered incomplete and we will not complete the processing of your mission trip.
- **Line 7 – this form must be stamped and signed by a Notary Public**. A notary may be found at a bank, real estate office, or Kinko's, etc.

*** PLEASE ATTACH PHOTO TO APPLICATION!**

Date _____

Full name (First Middle Last) _____

Phone Number (_____) _____ - _____

P.O. Box/Address _____

Home/Permanent Address _____

Date of Birth ____/____/____ Social Security _____ - _____ - _____

School/College you attend or attended _____

Major _____ Minor _____

Classification FR SO JR SR Grad
Year of Graduation _____ Email _____
Church affiliation _____

Have you had cross-cultural experience in the past? In a few sentences, describe those experiences.

Are you citizen of USA? Yes No If no, which country? _____

Do you have a passport? _____

Passport Number _____ Expiration date _____

If you do not have a U.S. passport, please indicate country of passport

_____.

In case of emergency please contact:

Name _____ Relationship _____

Address _____ Home phone (____) _____

_____ Work phone (____) _____

In case of an emergency where spouse/parents cannot be reached, contact:

Name _____ Phone #

(____) _____

Address _____ Phone #

(____) _____

City _____ State or Province _____ Zip

Health insurance information/Short-term travel insurance information:

Company _____ Policy number _____

Policy Holder _____ Phone () _____

Address _____

Are your parents in agreement with your decision to be part of summer missions with BURN 24-7? Yes _____ No _____ Please explain _____

Are you fluent in a foreign language? _____ If yes, which language(s)

Have you ever participated in a past BURN 24-7 event? If so, where?

Have you ever led praise and worship? Have you led with the BURN 24-7?

Which instruments do you play?

Reference 2

Name: _____

Phone Number: () - _____

Email Address: _____

Relationship to you: _____

Reference 3

Name: _____

Phone Number: () - _____

Email Address: _____

Relationship to you: _____

MEDICAL HISTORY

Do you presently, or have you ever suffered from the following:

(Please check those that apply to you)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hernias | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Knee Injuries | <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic fatigue |
| <input type="checkbox"/> Eye Cataracts | <input type="checkbox"/> Back Injuries | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Fainting | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Allergies | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Malaria | <input type="checkbox"/> Typhoid | <input type="checkbox"/> Diabetes/Hypoglycemia |
| <input type="checkbox"/> Seizures/Epilepsy | <input type="checkbox"/> Depression | <input type="checkbox"/> Respiratory problems |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Gastritis | <input type="checkbox"/> High/low blood pressure |
| <input type="checkbox"/> Sleeping disorders | <input type="checkbox"/> Allergies to medicines | |

Please give details about any items checked above: _____

Are you currently on any prescribed medications? Yes No

If yes, please list any medications:

Are you currently seeing a physician for treatment? If so, please describe

Would you require special housing, diet, or other special considerations while traveling?

If so, what? Please be specific.

Are you currently seeing or have you ever seen a psychiatrist?

If yes, please describe the circumstances.

(use more space if necessary).

CHILDHOOD IMMUNIZATIONS (THESE MUST BE UP TO DATE. LEAVE NOTHING BLANK)

Yes	No	Type	Year Administered
_____	_____	Mumps/Measles/Rubella	_____
_____	_____	Diphtheria/Pertussis/Tetanus	_____
_____	_____	Polio	_____
_____	_____	Tetanus (within 10 yr.)	_____
_____	_____	Other _____	_____

•What was the date and who was the physician of your last physical exam?

•Are you a vegetarian? Yes _____ No _____ How Long? _____ Please know that you may need to eat meat as a part of cultural sensitivity.

•Have you had your appendix removed? _____. If so, when? _____

CONSENT FOR MEDICAL TREATMENT; RELEASE AND HOLD-HARMLESS FOR TRAVEL.

1. Participant's Name: _____ Birth date: ____ / ____ / ____

Social Security #: _____ - _____ - _____

2. WHEREAS, I _____, wish to be a participant of BURN 24-7 domestic or International Missions

3. which will be traveling to and staying in _____ (country) and WHEREAS, certain circumstances may occur resulting in my need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; THEREFORE, in consideration of permission **from BURN 24-7** for myself to participate in said **group,**

4. I, _____, being of legal age, authorized BURN 24-7, or any **designated** agent of **BURN 24-7**, to act on my behalf should I be unable to do so and to consent to **all** medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which **BURN 24-7 deems** necessary for my medical well-being for the duration of the trip. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of any over the counter medications including but not limited to Tylenol, Advil, allergy medications, and is given to provide authorization and specific consent for medical/dental treatment and care in my behalf. Any consent **BURN 24-7** shall have the same force and effect if I had personally given the consent.

5. I certify I have personal health insurance/ or travel insurance, which **includes foreign countries, with non-territorial limitation, for the providing of medical services to me,**

which will provide coverage for me during the duration of said trip. I understand **BURN 24-7** provides no health plan.

I hereby release BURN 24-7, Inc., its agents, servants, employees and assigns for any and all damages, liability or costs resulting from the authorizing of medical treatment on my behalf under the terms of this consent. I further hold BURN 24-7 harmless and agree to indemnify BURN 24-7 for any and all costs, damages or expenses incurred by BURN 24-7 as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases treatment for the conduct of BURN 24-7 and its agents, servants, employees or assigns even if such conduct is negligent.

Date / / 20

(Please date and sign here)

HONOR CODE

Recognizing Jesus as the author and finisher of my faith, and the Word of God as the supreme standard for all wisdom and knowledge, it is my aim to develop myself accordingly, realizing that as I seek first His kingdom and righteousness, all these things will be added unto me. I realize that I have been crucified with Christ and that my life belongs to Him. It is my desire to develop myself as a servant and to seek opportunities to serve, realizing that love exalts and prefers others over self. I will endeavor to:

- Follow the will of God for my life and to exemplify Christ-like character through daily personal prayer, consistent study of the Word of God, and faithful group worship.
- Faithfully give heed to the call God has on my life, to develop the gifts and abilities that God has given me.
- Bring glory and honor to the name of Jesus through my ministry and allow the love of the Spirit to flow through me.
- Submit myself to the established leadership of BURN 24-7 and/or to any rules or regulations that may be adopted or changed from time to time. I realize that my participation as a member is a privilege and call from God, not a right. I purpose to give my best and to positively support the ministry of BURN 24-7.

DISCIPLINE AGREEMENT

The rules and regulations of BURN 24-7 are expressly designed to ensure the safety and well being of each team member and to maintain the high degree of Christian integrity required to minister effectively in a cross-cultural setting. The enforcement of all aspects of these rules and regulations are the responsibility of the **BURN 24-7** staff, which includes Team Leaders. Enforcement shall occur in a manner, which **BURN 24-7** feels is in accordance with Christian principles and the stated purpose of the project. We expect full cooperation from members in disciplinary decisions made. The discipline committee reserves the right to send any team member home that shows disregard for the stated rules and regulations. The team member and/or his family are responsible for **any** cost involved in sending the team member home. These costs may include, but are not limited to, airfare, hotel room, and food for team member and when applicable, a chaperone.

* I further authorize for myself BURN 24-7 to release any and all other medical information or records necessary to any party deemed necessary by BURN 24-7, its agents, servants, employees and assigns for the providing of medical treatment to myself or to members of the missionary group to insure proper placement of myself in such group.

* I am aware that serious illness or injury may occur on a trip and that such illness and injury may result in myself incurring costs, expenses and damages for which I am solely responsible including, but not limited to, return of myself by air ambulance at a cost of \$30,000.00 or more. I agree that:

I hereby release and hold harmless BURN 24-7, its officers, employees, and representatives/ volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my participation in this trip. I have read and understand the above information. The information I have given BURN 24-7 is accurate and true to the best of my knowledge. I also give BURN 24-7 the right to use my picture, voice and/or testimony in any form of promotional or advertising materials.

I am aware that if I am of legal age, and decide to participate in an extreme sport or activity while on the mission trip and while still in the care of the BURN 24-7, the BURN 24-7 and all affiliated ministries are not held responsible for any accidents or injuries that may occur.

I am aware and understand that all trip/ministry funds raised are *non-refundable* and will be used in accordance with BURN 24-7's 501 (c)3 tax-deductible charter. If for ANY reason a participant is unable to go or the trip is cancelled for extenuating circumstances, funds that have not been applied to the cost of the trip will be held for one year to be used by the participant on another BURN 24-7 mission/ministry trip. Funds may be transferred to another participant of a BURN 24-7 mission trip, only at the discretion of BURN 24-7.

My enclosed signature signifies my approval of all limitations listed above as well as my agreement with the Honor Code and Discipline Agreement. My signature insures that all information on this form is completely true and has not been altered in any way.

CRUCIAL PART OF FORM:

Note to notary: If you do not have a notary stamp we need other proof of notary such as copy of notary certificate.

6. Participant's Signature: _____ Date: _____

7. State of _____. County of _____. *The notary fills out (this section)*

Before me, the undersigned, a Notary Public in and for said county and state on _____, 200____, personally appeared the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year above written.

NOTARY STAMP

My commission expires: ___/___/___.

Notary Public

DOCTOR'S RELEASE FORM

Complete this form only if you checked "yes" to any of the questions on the medical checklist and will be participating in any possibly strenuous activities while on your mission trip.

Doctor's Name _____
Address _____
City _____ State _____ Zip _____
Work # (____) _____

Participant's Name _____
Address _____
City _____ State _____ Zip _____
Phone # (____) _____ Work # (____) _____

Sex: ___M ___F Weight _____ Height _____

Blood Pressure (optional) _____

Social Security # _____ - _____ - _____
Age _____ Birthday ____/____/____

I have reviewed this patient's **Medical Information, Checklist Form** and **Medical History**, and I have performed a physical exam. *(Please indicate the appropriate choice)*

- I find him/her to be in adequate condition for international travel, participation in high-intensity activities and choreography in a third world country.
- I have prescribed a medical plan of action for him/her to meet prior to the mission trip in order to participate in the daily itinerary during the mission trip.
- I do not recommend this person to participate at this time.

X Physician's signature _____ Date ____/____/____