



Field Assistant

PLEASE PRINT

Date of Application: _____

MISSION TEAM (Please Choose Team Date and Country from List Provided)

1st Choice: Date: _____ Country: _____	2nd Choice: Date: _____ Country: _____
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PERSONAL INFORMATION

Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Spouse: _____
Preferred Name: _____	Date of Birth (no minors): _____	
Address: _____		Marital Status: _____
City: _____ State: _____ Zip Code: _____		<input type="checkbox"/> Single
Home Telephone: _____ Work Telephone: _____		<input type="checkbox"/> Married
E-mail Address: _____ Occupation: _____		<input type="checkbox"/> Widowed
Nearest Airport: _____ Your Citizenship: _____		<input type="checkbox"/> Divorced

CHURCH INFORMATION & MISSIONS EXPERIENCE

Church Name: _____	Pastor / Priest Name: _____
Church Address: _____	
City: _____ State: _____ Zip Code: _____	
Church Telephone: _____ Church Fax: _____ Church E-mail Address: _____	
Previous Evangelism or Outreach and Date:	
1. _____ 3. _____	
2. _____ 4. _____	

EDUCATIONAL BACKGROUND & SKILLS

List Degrees, Areas of Study, & any Specialized Training:	List Skills: Medical, Dental, Hair Care, Language, Music, etc...
_____	_____
_____	_____
_____	_____

MEDICAL INFORMATION

Do you have any health conditions we need to be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any allergies to food, medication, etc...?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently taking any prescription medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any physical limitations or disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to any of these questions, please explain. _____	

Operation Serve International

PERSONAL TESTIMONY

Please write a brief personal testimony below with emphasis on your current relationship with the Lord:

(Please use additional paper if necessary)

OBJECTIVES AND VALUES

Please describe the reason(s) why you desire to serve as an intern with Operation Serve in the field:

Please list goals you would like to accomplish by serving in the Internship Program:

1. _____
2. _____
3. _____

Please describe your Strengths and Weaknesses:

Strengths: _____

Weaknesses: _____

As an intern, you will be a part of the OSI Team. It is vital to OSI that all interns work well, as a team and in the foreign field. In your opinion, what value will you bring to the team?

Applicant's
Photo
(optional)

The Statements I have made on this application are true to the best of my ability.

Date

Signature

Please include a non-refundable \$25 Application Fee with this form.
(T-shirt and "Being Sent" manual not included).



Medical & Liability Release Form

Operation Serve International

TEAM MEMBER NAME _____ TRIP DATE _____

Please complete parts A, B, C, and D of this form to the best of your knowledge. Your signature is required on parts C and D to confirm your understanding and agreement with the statements made.

PART A — IN CASE OF EMERGENCY: PLEASE NOTIFY...		
Name:	Relationship:	
Address:		
City:	State:	Zip Code:
Home Telephone:	Work Telephone:	Other:

PART B — MEDICAL INSURANCE
Do you have medical insurance that covers accident / injury in the country you are traveling to? <input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, you are required to obtain medical insurance prior to your travel to Mexico or Egypt.
If YES, what is the name of your insurance company and your policy number?

Insurance Company Policy Number

PART C — CONSENT FOR MEDICAL TREATMENT
I hereby agree to the performance of any medical treatment, including anesthetics, deemed necessary by the attending physician in the event that I am unable to make these decisions for myself.
Date _____ Applicant's Signature _____
(Legal Guardian if Applicant is Under 18 Years of Age)

PART D — RELEASE OF LIABILITY
I hereby release Operation Serve International and all persons affiliated with this ministry from any liability arising from any injury, damage, or loss which may be sustained by me during my course of involvement with a short term missions trip. I also release Operation Serve International from any liability for health impairment or bodily injury as a result of any pre-existing health condition. I will be responsible for monitoring and managing all aspects of any pre-existing condition.
Date _____ Applicant's Signature _____
(Legal Guardian if Applicant is under 18 Years of Age)

Operation Serve International

CONFIDENTIAL INFORMATION

Have you ever had problems with government or police at home or abroad? Yes No

Are you currently under church discipline or receiving any ongoing counseling? Yes No

•If so through what ministry or with whom? _____

•If you answered **YES** to either of these questions, please explain:

FORMS OF IDENTIFICATION

What forms of identification do you currently have?

- Driver's License (with photo) Driver's Permit (with photo) Birth Certificate (with seal)
- Passport Voter Registration Card Other

GENERAL INFORMATION

Please list any requests you have in reference to rooming arrangements or roommates? Yes No

(Single rooms cost an additional \$150 per week and are subject to availability)

1. _____ 2. _____ 3. _____

Please check your T-Shirt size: Small Medium Large X - Large 2X - Large 3X - Large

AREAS OF MINISTRY PREFERENCE

- Children's Ministry Dental Hair Care Other
- Preaching Medical Handy Work _____
- Translation Optical Where Needed Most _____

HONOR CODE

The Bible admonishes us to be God's ambassadors on earth. While on the mission field we are ambassadors for the Lord Jesus Christ. Every move we make, every word we say is counted in the Kingdom of God. Therefore, Operation Serve team members are expected to abide by biblical standards of holiness. Also, team members are expected not to use drugs (except under a doctor's prescription), tobacco, alcohol, or profanity. They will also abstain from sexual impurity and uphold a Christ-like standard.

I hereby certify that I have read the Statement of Faith and Honor Code of Operation Serve International. I further certify that I will submit myself to the Guidelines and Leadership of Operation Serve International.

Signature

Date

FOR OSI OFFICE USE ONLY

Date Received		
Documentation <input type="checkbox"/> Pastoral Recommendation <input type="checkbox"/> Passport <input type="checkbox"/> Visa Application <input type="checkbox"/> Guardianship Form Finances <input type="checkbox"/> Application Fee _____ <input type="checkbox"/> Deposit - Land Fee _____ <input type="checkbox"/> Balance - Land fee _____	<input type="checkbox"/> Itinerary:	
	Allergies:	Notes:
		<input type="checkbox"/> L1 <input type="checkbox"/> L2 <input type="checkbox"/> L3