

Zimbabwe Outreach Ministries



Zim Outreach Applicant Checklist

To make application to Hearing & Receiving Christ Ministries for Short Term missionary, Internship Program, or Summer Rep. Program you must submit the following:

- Application Form
- \$50 Non-Refundable Deposit
- A recent photo
- Proof of passport: Please send a photo copy of date issued, expiry date, Passport number and photo on Passport;
- 3 Reference Letters by people other than family sent directly to us not through you.
- Hold Harmless Form signed and dated
- Medical History Form signed and dated
- Acknowledgement of Confidentiality Form
- Summer Representative Contract (Summer Rep. Applicants only)

All information to be printed, signed and sent back through regular post to:

Michael Boschert
925 Harris Hollow Rd
Seymour, TN 37865

Questions: mboschert@zimoutreach.org
Phone: 865.809.3471

After all the items on the checklist have been received by Michael Boschert and reviewed and accepted by Zimbabwe Outreach Director, you will receive a confirmation call & letter of acceptance at which point you can begin your support raising.

Zimbabwe Outreach Ministries



Zimbabwe Outreach Application Form A

1. Where are you attending school: _____
2. What year are you in your schooling? (Soph./Jr./ Sr.) _____
3. Which are you applying for (circle)? Short-Term Missionary Internship Summer Representative
4. What do you hope to achieve during your experience with Zimbabwe Outreach Ministries?

5. Give us 3 names with addresses and phone numbers for references as to your character and talents. One of the three should be a church leader, Preacher, Elder or Sunday School Teacher. Please no family members.

1. Name: _____

Address: _____

Phone: _____

Email: _____

2. Name: _____

Address: _____

Phone: _____

Email: _____

3. Name: _____

Address: _____

Phone: _____

Email: _____

Zimbabwe Outreach Ministries



Zimbabwe Outreach Application Form B

PLEASE PRINT

6. Passport Number- _____

7. Home Church- _____

Home Church Address- _____

8. Full Legal Name- _____

9. Preferred Name- _____

10. Current Phone Number- (____) _____ Cell Phone- (____) _____

11. Email Contact _____

12. Birthdate _____

13. Place of Birth _____

14. Age _____

15. Gender: M / F _____

16. Current Address- _____

17. Permanent Address- _____

18. Emergency Contact- _____

Relationship to you _____

Day Phone (____) _____ Evening Phone (____) _____

Zimbabwe Outreach Ministries



Zimbabwe Outreach Application Form C

Work Experience and Education

19. Present place of employment: _____

Phone Number: _____

Address: _____

20. Type of work: _____

21. Position: _____

22. Duration of present Work Place: _____

23. Other work experience: _____

24. Languages Spoken: _____

25. Degree of education presently seeking: _____

26. Degree of education achieved and name of school (If applicable): _____

27. Life experience education: In other words education and talents you have received outside of formal education. _____

Zimbabwe Outreach Ministries



Applicant Medical History Form A

Name: _____ Date of Birth _____

Address: _____ Phone: () _____

City, State, Zip _____

Email: _____

Emergency Contact: _____ Phone: () _____

What relationship to you _____

Current Physician _____

Address: _____ Phone () _____

Insurance Provider _____

Policy # and Group _____

Height: _____ Weight: _____

- 1) List any previous hospitalizations (when and what for?):

- 2) List any previous surgeries (when and what for?):

- 3) Describe your current health condition:

- 4) Are you currently taking any medications (include dose and frequency?):

- 5) Do you have any known allergies (medication, food, insect stings, etc)? What happens when you have a reaction and how severe the reaction usually is?

- 6) List any physical limitations:

- 7) List any dietary restrictions:

Zimbabwe Outreach Ministries



Applicant Medical History Form B

Have you ever had, or do you have, any of the following: (consider an X as a yes)

- | | | |
|---|---|---|
| <input type="checkbox"/> Ear, Nose, Throat Disorder | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Eye Trouble | <input type="checkbox"/> Mental Disorder | <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Depression | <input type="checkbox"/> Dislocation of joint |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Broken Bones |
| <input type="checkbox"/> Strep Throat | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Recurrent Headaches | <input type="checkbox"/> Suicidal thoughts/attempts | <input type="checkbox"/> Appendectomy |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Tonsillectomy |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> Tumor; cancer | |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Hepatitis | FEMALES ONLY |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Irregular Periods |
| <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Intestinal Trouble | <input type="checkbox"/> Severe Cramps |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Chronic Recurring Illness | <input type="checkbox"/> Excessive flow |
| <input type="checkbox"/> Insomnia/sleeping disorder | <input type="checkbox"/> Malaria | <input type="checkbox"/> Are you Pregnant? |

For every item checked give a brief explanation. (You can attach another piece of paper if necessary.)

The following vaccinations are not all required, or even necessarily recommended. This is a general guideline for most recommended vaccinations for travel. Check with the Center of Disease Control (CDC) website: www.cdc.gov/travel/ for a more comprehensive list for the area you are traveling into.

<u>Vaccines</u>	<u>Year of Last Booster</u>	<u>Generally Recommended For</u>
DT: Diphtheria, Tetanus	_____	All travelers: booster every 10 years
Polio	_____	All travelers: booster every 10 years
Hepatitis A (2 series)	_____	Travelers to non-western countries
Hepatitis B (3 series)	_____	All health care workers
Typhoid	_____	Travelers to developing countries
TB (Tine Test)	_____	Travelers to non-western countries
Yellow Fever	_____	Sub-Saharan Africa & Tropical South America.

I hereby give permission to an attending physician for any test, treatments, anesthetics, and operations deemed medically necessary for my health. Likewise, I give permission to Hear & Receiving Christ Ministries, and their assigned leaders, to do whatever is necessary for my health, especially in the event of a medical emergency requiring fast and decisive action, or in a situation where professional medical help may not be readily available. I have reviewed this form and certify that all the appropriate information is included.

Signature: _____ Date: _____



HOLD HARMLESS AND INDEMNIFICATION

The individual (hereinafter Applicant) whose signature appears below has applied for and is voluntarily seeking missionary opportunities through HEARING AND RECEIVING CHRIST MINISTRIES, INC. (hereinafter HRCM), a non-profit corporation established under the laws of the state of Tennessee. In many instances, these missionary opportunities lie outside the territorial boundaries of the United States of America. In pursuit of those missionary opportunities the said undersigned freely, voluntarily and knowingly acknowledges and agrees to the following:

1. Applicant acknowledges that in many of the countries or communities where these missionary opportunities are presently established or may hereafter be established, anti-American and/or anti-Christian sentiments exist. _____
2. Applicant acknowledges that in many of the countries or communities where these missionary opportunities are presently established or may hereafter be established, poverty, unsanitary conditions, lack of food and lack of clean water are the norm. _____
3. Applicant acknowledges that in many of the countries or communities where these missionary opportunities are presently established or may hereafter be established, there is a high risk of becoming inflicted with sickness, disease or some other chronic condition. _____
4. Applicant acknowledges that in many of the countries or communities where these missionary opportunities are presently established or may hereafter be established, there is a high crime rate. _____
5. Applicant acknowledges that in many of the countries or communities where these missionary opportunities are presently established or may hereafter be established, there are no hospitals, schools, police, or other public or private societal structure or support should the need for such arise. _____
6. Applicant acknowledges that in many of the countries or communities where these missionary opportunities are presently established or may hereafter be established, that a totalitarian or military government runs the country and controls governmental officials. _____
7. Applicant acknowledges that in many of the countries or communities where these missionary opportunities are presently established or may hereafter be established, its is reasonably foreseeable that Applicant might be held for interrogation or otherwise be held captive, with or without cause, by government officials, military personnel or combative insurgents. _____
8. Applicant acknowledges that Applicant shall be provided or taught certain confidential, secret, protected or otherwise sensitive information. Applicant will be instructed not to disclose or discuss and such information with people outside HRCM and Applicant will strictly follow those instructions. _____



9. Applicant acknowledges that the directors, officers, employees, incorporators, agents, or representatives of HRCM may, at any time, with or without cause, in their sole and absolute discretion, dismiss Applicant from any further or additional association with HRCM. Should such dismissal occur, Applicant shall be required, at Applicant's sole expense, to immediately return to Applicant's country of legal residence. _____

10. Applicant acknowledges that in the event that Applicant should be pursuing ministry opportunities for college or scholastic accreditation, Applicant's dismissal would, in and of itself and without the need of any additional proof, evidence or documentation, be just cause for the denial of any such accreditation or for the issuance of a failing grade. _____

Applicant hereby agrees to hold harmless, defend and indemnify, HEARING AND RECEIVING CHRIST MINISTRIES, INC., its directors, officers, employees, incorporators, agents, representatives, volunteers and other related or affiliated companies, if any, from any responsible or liable for any and all losses, injuries (including death), damage, action, cause of action or other claims, whether identified above or not, whether known or unknown, whether foreseen or unforeseen, arising out of or in connected with my serving as a missionary with HEARING AND RECEIVING CHRIST MINISTRIES, INC. or any other organization with which I participated in or with HEARING AND RECEIVING CHRIST MINISTRIES, INC., whether such actions arise at law or equity. In addition, the Applicant agrees to fully disclose any situations, conditions, circumstances, limitations or other matters presently known to Applicant or hereinafter arising or discovered which would or could adversely effect any of the above acknowledgements or otherwise be hazardous or dangerous to Applicant's health and well being or the health and well being of any other person.

This Hold Harmless and Indemnity Agreement shall remain in full force and effect at any and all times that Applicant is pursuing missionary opportunities with HEARING AND RECEIVING CHRIST MINISTRIES, INC. Applicant acknowledges that (s)he knowingly, voluntarily and willingly entered into this agreement.

Accepted and acknowledged this the _____ day of _____, 20____.

Applicant (or guardian)

Witness

Zimbabwe Outreach Ministries



AGREEMENT TO PARTICIPATE

The individual (hereinafter Applicant) whose signature appears below has applied for and is voluntarily seeking summer missionary opportunities through HEARING AND RECEIVING CHRIST MINISTRIES, INC. (hereinafter HRCM), a non-profit corporation established under the laws of the state of Tennessee. In pursuit of those missionary opportunities the said undersigned freely, voluntarily and knowingly acknowledges and agrees to the following:

1. Applicant acknowledges that the summer missionary opportunity offered by HRCM involves three (3) separate commitments on behalf of the Applicant. By failing to complete any of the commitments, Applicant will have failed in Applicant's obligations under this agreement. _____
2. Applicant further acknowledges that by providing Applicant this missionary opportunity, HRCM has done so at the exclusion of other proposed qualified Applicants. _____
3. Applicant shall be required to place a five hundred and no/100ths (\$500.00) dollar deposit with HRCM, so as to insure Applicant's compliance with the three commitments required of this Agreement. _____
4. Applicant's first commitment to HRCM is that Applicant shall be required to raise 100% of the cost and expense of Applicant's mission trip, including but not limited to travel to and from the mission field, medical expenses and living expenses. _____
5. Applicant's second commitment to HRCM is that Applicant shall be required to spend approximately three (3) to four (4) weeks (as determined necessary and desirable by HRCM) in the actual mission field. _____
6. Applicant shall be provided room and board during Applicant's stay in the actual mission field. _____
7. Applicant's third commitment to HRCM is that Applicant shall be required to spend approximately eight (8), but not more than (10) weeks (as determined necessary and desirable by HRCM) representing HRCM at various churches. The activities required to fulfill this commitment shall include, but not be limited to, making presentations, inviting and encouraging others to pursue mission opportunities with HRCM and generally serving as an Ambassador for HRCM at the various churches for which Applicant is assigned. _____
8. Applicant acknowledges that so as to fulfill the obligations of this third commitment, applicant must have a reliable vehicle, a valid driver's license and automobile insurance. _____
9. Applicant shall be paid a salary and properly documented mileage expenses while Applicant is fulfilling Applicant's obligations required by this third commitment. _____

Zimbabwe Outreach Ministries



AGREEMENT TO PARTICIPATE

10. In the event that Applicant shall not complete each of the three (3) required commitments identified in this Agreement, FOR ANY REASON, then Applicant and HRCM agree that the five hundred and no/100ths (\$500.00) dollars deposited by Applicant shall serve as liquidated damages in favor of HRCM. As such, Applicant's failure to complete each of the three (3) commitments shall in and of itself cause said deposit to be surrendered by Applicant and paid to HRCM as damages. HRCM agrees that it shall not pursue any additional claims of damages against Applicant from Applicant's failure to complete each of the three (3) commitments. _____

This Agreement shall remain in full force and effect at any and all times that Applicant is pursuing missionary opportunities with HEARING AND RECEIVING CHRIST MINISTRIES, INC. Applicant acknowledges that (s)he knowingly, voluntarily and willingly entered into this agreement.

Accepted and acknowledged this the _____ day of _____, 20_____.

Applicant (or guardian)

Witness

Note: If Applicant is under 21 years of age, the witness must be the Applicants parent or guardian.

Zimbabwe Outreach Ministries



Acknowledgment of Confidentiality: I understand that Reference Forms are confidential and I wave my right to access any information contained in a Reference Form.

Date: _____

Signature: _____