



Team Application

Operation Serve International

PLEASE PRINT

Date of Application: ____ / ____ / 20 ____

Trip Date: ____ / ____ / 20

Country: Mexico Egypt

Team Coordinator: _____

Other: _____

PERSONAL INFORMATION

Name (as on passport):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Spouse:
Preferred Name:	Date of Birth:	Marital Status:
Address:		<input type="checkbox"/> Single
City:	State:	Zip Code:
Primary Telephone:	Secondary Telephone:	<input type="checkbox"/> Married
E-mail Address:	Occupation:	<input type="checkbox"/> Engaged
Nearest Airport:	Citizenship:	<input type="checkbox"/> Widowed
		<input type="checkbox"/> Divorced

CHURCH INFORMATION

Church Name:	Senior Pastor / Priest Name:
Church Address:	
City:	State:
Church Telephone:	Church Website:
Church E-mail Address:	Affiliation:
Local Church Outreach and/or Volunteer Activities:	
1.	3.
2.	4.

Have you been on a mission trip before? Yes No

If yes, what ministry, when, and where?

SPECIALIZED TRAINING/EDUCATION

List Degrees, Areas of Study, & any Specialized Training:	

AREAS OF MINISTRY PREFERENCE

<input type="checkbox"/> Children's Ministry	<input type="checkbox"/> Dental	<input type="checkbox"/> Hair Care	<input type="checkbox"/> Other
<input type="checkbox"/> Musician	<input type="checkbox"/> Medical	<input type="checkbox"/> Handy Work	_____
<input type="checkbox"/> Translation	<input type="checkbox"/> Optical	<input type="checkbox"/> Where Needed Most	_____

How did you hear about OSI? Church Friends Internet OSI Staff Other _____

PERSONAL TESTIMONY

Please describe when you accepted Jesus as your personal Lord and Savior:

Please describe your relationship with the Lord over the last 6 months:

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

PASSPORTS

Do you have a valid passport? Yes No Passport Number: _____

Passports are required for all travel.

GENERAL INFORMATION

List names of requested roommates. Final rooming will be assigned by OSI staff.

1. _____ 2. _____

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

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



Medical & Liability Release Form

Operation Serve International

Please complete parts A, B, C and D of this form. Your signature is required on Part 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: _____
Primary Telephone: _____	Secondary Telephone: _____	Other: _____

PART B — MEDICAL INSURANCE

Do you have medical insurance that covers accident / injury in the country you are traveling to? Yes No

If **NO**, you are required to obtain medical insurance prior to your travel.

If **YES**, what is the name of your insurance company and your policy number?

_____ Insurance Company _____ Policy Number

PART C — MEDICAL INFORMATION

Do you have any health conditions we need to be aware of? Yes No

List: _____

Do you have any allergies to food, medication, etc...? Yes No

List: _____

Are you currently taking any prescription medication? Yes No

List Medications: _____ Dosage/Frequency _____

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List Medications: _____ Dosage/Frequency _____

Do you have any physical limitations? Yes No

List: _____

PART D — CONSENT FOR MEDICAL TREATMENT AND RELEASE OF LIABILITY

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.

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.

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

(Legal guardian signature is also required if Applicant is under 18 years of age.)

Operation Serve International

STATEMENT OF FAITH

- We believe the Bible to be the inspired and the only infallible, authoritative Word of God.
- We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
- We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
- We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

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.

SIGNATURE

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.

The Statements I have made on this application are true to the best of my ability. I agree that any statements, photographs, videotaped material, and any other media item can be used for promotional material for Operation Serve. This includes, but is not limited to: newsletters, brochures, internet, and displays.

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

(Legal guardian signature is also required if Applicant is under 18 years of age.)

Please include a non-refundable \$25 application fee with this form. Upon acceptance of your application, you will receive a packet of training materials and confirmation of your travel date. You will also receive an OSI shirt that you are to wear as you travel for identification at the airport.

Thank you for joining with us in serving the poor throughout the world!

“Sharing the Love of Christ in Word & Deed!”