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| **General Information** |
| **CIRCLE AT LEAST ONE** | BOOT CAMP | SUMMIT | INTERNSHIP | DLIMM |
| **Name on Passport:** |  |
| **Address:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Home Phone:** |  | **Cell Phone:** |  |
| **Work Phone:** |  | **Fax:** |  |
| **Email:** |  |
| **Age:** |  | **Gender:** | **M F** | **Date of Birth:** |  |
| **Passport #:** |  | **Expiration Date:** |  |
| **International Airport:** |  |
| **Trip of Interest:** |  | **Year:** |  |
| **Church Information** |
| **Name of Church:** |  |
| **Address:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Phone:** |  | **Fax:** |  |
| **Email:** |  |
| **Pastor:** |  |
| **Phone:** |  |
| **Email:** |  |
| **References** |
| **Name 1:** |  |
| **Address:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Phone:** |  | **Cell:** |  |
| **Email** |  |
| **Name 2:** |  |
| **Address:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Phone:** |  | **Cell:** |  |
| **Email** |  |
| **General Health** |
| **Condition:** |  |
| **Medicines:** |  |
| **Allergic Reactions:** |  |
| **Application Questions** |
| Have you had surgery or been hospitalized within the last year? | Y N |
| Do you have heart trouble? | Y N |
| Do you have allergic reactions requiring immediate attention?  | Y N |
| Do you have allergic reactions to insect stings? | Y N |
| Do you have diabetes? | Y N |
| Do you have life threatening health problems if not closely monitored?  | Y N |
| Do you have debilitating health problem requiring hospitalization? | Y N |
| Do you have health problems requiring special treatment? | Y N |
| Do you have a problem with seizures? | Y N |
| Do you have problems with diagnosed depression? | Y N |
| Are you currently taking medication for depression?  | Y N |
| Are you pregnant?  | Y N |
| Have you ever attempted suicide?  | Y N |
| Do you have problems with fainting?  | Y N |
| Have you ever lost track of time or lost knowledge of who you are? | Y N |
| Have you had episodes of sea sickness? | Y N |
| Have you had episodes of motion sickness? | Y N |
| Do you have problems with traveling by air?  | Y N |
| Do you have phobias that are debilitating? | Y N |
| Have you ever broken the law and been prosecuted?  | Y N |
| Do you use illegal drugs or legal drugs illegally? | Y N |
| Do you use Tobacco?  | Y N |
| Do you use Alcohol? | Y N |
| Do you attend church regularly?  | Y N |
| Do you use profanity? | Y N |
| Have you ever been expelled from a school?  | Y N |
| Are you willing to pay your own expenses for medical trips?  | Y N |
| Are you able to endure discomfort, poor food, rough ocean travel, and air flights? | Y N |
| Can you swim?  | Y N |
| Have you ever had an episode of violent behavior? | Y N |
| Do you take medicine to thin the blood? | Y N |
| Have you been arrested for any reason? | Y N |
| Have you ever been convicted of a crime?  | Y N |
| Have you ever hurt someone in anger? | Y N |
| Have you ever been charged with DUI? | Y N |
| Are you committing to completing all elements of the internship program? | Y N |
| Have you ever been investigated for child pornography? | Y N |
| Have you ever been investigated for child molestation? | Y N |
| Have you ever been investigated for any sexual crime? | Y N |
| **Salvation Testimony** |
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| **Instructions** |
|  Please, mail this application as soon as possible to Rick Williamson, 1101 Sunset Road Clemmons, NC 27012. This application and all requested materials must also be returned by attachment to jan@operationrenewedhope.org and rwilliamson@teamorh.com. If you are a medical professional, ORH must have color copies of all diplomas, certificates, licenses, official documents concerning your academic or professional accomplishments, and a copy of the photo page of your passport. ORH must also receive a completed Medical and Liability Release Form prior to travel. Directions for submission must be followed as outlined on the form. ORH requires that you read and agree to abide by the Standard Clinic Operations Procedures manual. No person may consider themselves approved for internship or travel with ORH unless all requested documents including this application are submitted, on file, verified, and approved by ORH. Applicants will receive an email informing them of their approval to engage with ORH. No person may assume they are approved until they have notification. Thank you for your prompt attention to these matters |
| **Signature** |
| Thank you for requesting this application. Pray that God will lead our work together.I confirm by my signature that the information I have given in this application is truthful and accurate. |
|  |
| **PARENT:** | **DATE:**  |
|  |
| INTERN APPLICANT: | DATE: |
|  |
| **A parent must sign the application if the applicant is below 18 years of age.** |