



Please attach a recent photo of yourself here.

PO Box 323, Elizabethtown PA 17022
717-546-0208—www.FIAintl.org

Short-Term/Team Application

We are excited about your interest in joining with Friends in Action International! This application is designed to help us get acquainted with you. Please type or print clearly in black ink. Once we have received your completed application, we will get back in contact with you. If you object to answering any questions on the application, please indicate as such, stating your reasons.

CONFIDENTIAL

Name \_\_\_\_\_
Title (Mr/ Mrs / Miss/ Ms/ Dr/ Rev) First Middle Last Maiden

Spouse's Name \_\_\_\_\_
Title (Mr/ Mrs / Miss/ Ms/ Dr/ Rev) First Middle Last Maiden

Will your spouse be going on this short term mission's trip with you? [ ] Yes [ ] No

Present Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_
Cell phone (\_\_\_\_) \_\_\_\_\_

Will any other relatives be going on this short-term mission trip? \_\_\_\_\_ If so, who? \_\_\_\_\_

Email \_\_\_\_\_ [ ] School [ ] Work [ ] Personal

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Passport name (full name as listed) and number \_\_\_\_\_

\*\*Please send in a color copy of your passport with your application.

Citizenship \_\_\_\_\_

[ ] Male [ ] Female

Marital status [ ] Single [ ] Engaged [ ] Married [ ] Widowed

[ ] Divorced [ ] Divorced & Remarried Date of Marriage \_\_\_\_\_

How did you hear about Friends in Action?

- FIA website
- FIA missionary (Name)\_\_\_\_\_
- FIA representative (Name)\_\_\_\_\_
- Other (Name)\_\_\_\_\_

Have you ever applied to FIA before? (If yes, please give date.)\_\_\_\_\_

Have you ever worked for FIA before? (If yes, please give start and end dates.)\_\_\_\_\_

Are you related to any FIA employee or missionary?  Yes  No

If yes, please give name(s) and relationship to you. \_\_\_\_\_

Which airport you would prefer to fly out of?\_\_\_\_\_

How long does it take you to get there?\_\_\_\_\_

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## CHRISTIAN EXPERIENCE

At what age were you saved?\_\_\_\_\_

How do you know that you are a Christian?\_\_\_\_\_

Other information that would help us become better acquainted with you, such as hobbies, special interests, resources and experiences:

What is your view concerning the Christian's use of smoking, alcohol, drugs and homosexuality? \_\_\_\_\_

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## CHURCH RELATIONSHIP

To which church do you belong?\_\_\_\_\_ How long?\_\_\_\_\_

Have you discussed missionary service with your pastor(s)?  Yes  No

What is your view concerning the Charismatic movement?\_\_\_\_\_

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## GIFTS & SERVICE

Describe your spiritual gifts, abilities, and opportunities where you have served. \_\_\_\_\_

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## MINISTRY EXPERIENCE

Have you shared your testimony in front of a group?  Yes  No

Have you led someone to Christ?  Yes  No

Explain: \_\_\_\_\_

Have you disciplined anyone on a one-on-one basis?  Yes  No

Explain: \_\_\_\_\_

Have you had experience teaching adults?  Yes  No

Explain: \_\_\_\_\_

Do you have any overseas experience?  Yes  No

Explain: \_\_\_\_\_

Have you considered serving in missions fulltime or part-time?  Yes  No

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## EDUCATION & TRAINING

Educational background:  High School  Trade School  College  Graduate  Post-Graduate

Please list your trade, your major or other training \_\_\_\_\_

Your profession: \_\_\_\_\_

(a) Skills \_\_\_\_\_ Professional Training/Licenses \_\_\_\_\_

(b) Presently a student? List grade, school, city, and phone \_\_\_\_\_

List any languages you speak and your fluency: (1=Minimal, 2=Moderate, 3=Fluent)

List any professional credentials you hold and with whom (certification, licensing, ordination):

What other skills or training do you have? (construction, computer, secretarial, music, etc.) \_\_\_\_\_

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## EMPLOYMENT HISTORY

Present Employer: Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Type of Work \_\_\_\_\_ Start date \_\_\_\_\_

May we contact your employer?  Yes  No

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## CONFIDENTIAL

Please briefly share your family background. \_\_\_\_\_

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Are there any emotional disorders, addictions, or abuses in your family background?  Yes  No

*In the past 10 years:*

Have you ever been abused sexually, physically, or emotionally?  Yes  No

Have you ever been accused of sexual, physical, or emotional abuse?  Yes  No

Have you ever been convicted of a crime (misdemeanor or felony)?  Yes  No

Have you ever been involved in a homosexual relationship?  Yes  No

Have you been involved in an extramarital relationship?  Yes  No

Have you ever been treated for emotional difficulties, depression, anxiety, phobias, etc.?  Yes  No

This space is for any additional information you feel we should know. \_\_\_\_\_

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## DOCTRINAL STATEMENT

We believe:

1. In the word-by-word inspiration and divine authority of the Holy Scriptures.
2. In one God, eternally existing in three persons: Father, Son, and Holy Spirit.
3. In the Lord Jesus Christ as true God and true man; His virgin birth, spotless humanity, vicarious death, bodily resurrection, present advocacy, and His personal, imminent, bodily, visible, pre-tribulation, and pre millennial return for His Church.
4. In the fall of man, resulting in his complete and universal separation from God and his need of salvation.
5. That the Lord Jesus Christ shed His blood and died as a sacrifice for the sins of the whole world.
6. That salvation is a free and everlasting gift of God, entirely apart from works; that every person is responsible to receive salvation by personal faith in the Lord Jesus Christ; that a soul once truly saved can never be lost.
7. That the Holy Spirit regenerates with divine life and personally indwells the believer upon his faith in Christ for salvation.
8. In the bodily resurrection of both the saved and the unsaved.
9. In the unending life of the saved with the Lord, and the unending punishment of the unsaved.
10. In the responsibility of each believer, motivated by the love of Christ and empowered by the Holy Spirit, to witness for Christ and to live sacrificially for the proclamation of the Gospel into all the world.
11. In believers' baptism by immersion. We teach and practice this on all our fields.

We are not Ecumenical, Charismatic, or Neo-evangelical.

Any person who is sound in the faith and in all fundamental truths, will be accepted irrespective of race, color, and national or ethnic origin.

Have you read our doctrinal statement?       Yes    No

# EMERGENCY CONTACTS & HEALTH PROFILE

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Blood Type \_\_\_\_\_

**In case of emergency, please notify:** \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Doctor's Name \_\_\_\_\_  
 Office Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Current Medications \_\_\_\_\_  
 Does your insurance cover accident and injury?  Yes  No  
 Does your insurance cover you in a foreign country?  Yes  No  
 Does your insurance cover medical evacuation?  Yes  No

**Medical History**

*Do you have or have you had any of the following conditions?*

	Have/Had		Have/Had		Have/Had		Have/Had
Asthma	___/___	Epilepsy	___/___	High Blood Pressure	___/___	Pain in Joints	___/___
Back Problems	___/___	Fainting Spells	___/___	Kidney Problems	___/___	Rheumatic Fever	___/___
Cancer	___/___	Gallbladder	___/___	Malaria	___/___	Shortness of Breath	___/___
Diabetes	___/___	Heart Disease	___/___	Neuritis	___/___	Thyroid	___/___
Dizzy Spells	___/___	Hernia	___/___	Pain in Chest	___/___	Tuberculosis	___/___
						Venereal Disease	___/___

**Do you have allergies to:** Penicillin \_\_\_\_\_ Serum \_\_\_\_\_ Sulfonamides \_\_\_\_\_ Foods (specify) \_\_\_\_\_  
 Bee sting \_\_\_\_\_ Other \_\_\_\_\_ Please specify \_\_\_\_\_

Date of last Tetanus Immunization: \_\_\_\_\_  
 Please list any recent surgery, serious illness or hospitalization: \_\_\_\_\_

Are you currently receiving medical treatment or are under medical observation?  Yes  No  
 Have you ever used the following?  
 Alcoholic Beverages:  Yes  No For how long? \_\_\_\_\_  
 Illegal or Hallucinatory Drugs:  Yes  No For how long? \_\_\_\_\_  
 Prescription Tranquilizers:  Yes  No For how long? \_\_\_\_\_  
 Have you had any exposure to Hepatitis B, HIV/AIDS or any such disease?  Yes  No  
 Do you have any convictions against taking preventive medicines, such as anti-malarial, etc.?  Yes  No  
 Do you have any other limitations or other significant health conditions which might affect your missionary service, or of which you think FIA should know about?  Yes  No  
 Have you ever been treated for, or are you now suffering from emotional difficulties? (such as depression, anxiety phobias, etc.)  Yes  No

Please explain any of the above, using a separate sheet of paper if necessary. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been involved in homosexual activity?  Yes  No

I affirm that the information above is true and complete to the best of my knowledge, and I hereby release Friends in Action International and all persons associated with this organization in the US and abroad from any liability for health impairment or bodily injury as the result of pre-existing health conditions. I, myself, will be responsible while on a Friends in Action project for monitoring and managing all aspects of any pre-existing condition.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent Signature if under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_



# SKILLS PROFILE

Name: \_\_\_\_\_

## INTERESTS      SKILLS      EXPERIENCE

### Indicate Level of Skill With Number

1- Hobby   2- Limited Experience   3- Moderate Experience   4- Occupation   5- Professional

#### Auto

- \_\_\_\_\_ Auto Mechanic
- \_\_\_\_\_ Truck Driver

#### Carp

- \_\_\_\_\_ Carpenter
- \_\_\_\_\_ Building
- \_\_\_\_\_ Cabinet Making
- \_\_\_\_\_ Construction Work
- \_\_\_\_\_ Dry Wall

#### Cont

- \_\_\_\_\_ Heavy Equipment
- \_\_\_\_\_ Bull Bulldozer
- \_\_\_\_\_ Skidder
- \_\_\_\_\_ Logging Equipment

#### Cemt

- \_\_\_\_\_ Cement
- \_\_\_\_\_ Masonry

#### Comp

- \_\_\_\_\_ Computer Operations
- \_\_\_\_\_ Systems Analysis
- \_\_\_\_\_ Consulting
- \_\_\_\_\_ Repair
- \_\_\_\_\_ Desktop Publishing

#### Elec

- \_\_\_\_\_ Electrical Work

#### Food

- \_\_\_\_\_ Cooking & Baking
- \_\_\_\_\_ Food Service Management
- \_\_\_\_\_ Food Service Work

#### Hand

- \_\_\_\_\_ Handyman
- \_\_\_\_\_ Custodial
- \_\_\_\_\_ Warehouse Work
- \_\_\_\_\_ Shipping/Containers

#### Heat

- \_\_\_\_\_ Heating
- \_\_\_\_\_ Ventilation
- \_\_\_\_\_ Air condition

#### House

- \_\_\_\_\_ Hospitality
- \_\_\_\_\_ Sewing

#### Land

- \_\_\_\_\_ Landscaping
- \_\_\_\_\_ Lawn Care
- \_\_\_\_\_ Flowers & Shrubs

#### Mait

- \_\_\_\_\_ Machine & Appliance
- \_\_\_\_\_ Physical Plant

#### Med

- \_\_\_\_\_ Dentistry
- \_\_\_\_\_ Doctor
- \_\_\_\_\_ Nursing
- \_\_\_\_\_ Nutrition/Dietary
- \_\_\_\_\_ X-ray Technician

#### Metl

- \_\_\_\_\_ Metal Work
- \_\_\_\_\_ Welding

#### Office

- \_\_\_\_\_ Office Clerk
- \_\_\_\_\_ Receptionist
- \_\_\_\_\_ Telephone
- \_\_\_\_\_ Secretarial
- \_\_\_\_\_ Typing
- \_\_\_\_\_ Data Entry
- \_\_\_\_\_ Bulk Mailing

#### Paint

- \_\_\_\_\_ Painting

#### Pilot

- \_\_\_\_\_ Pilot

#### Plumb

- \_\_\_\_\_ Plumbing

#### Print

- \_\_\_\_\_ Printing
- \_\_\_\_\_ Print Lay Out
- \_\_\_\_\_ Publishing
- \_\_\_\_\_ Editing
- \_\_\_\_\_ Graphic Art/Design
- \_\_\_\_\_ Writing
- \_\_\_\_\_ Journalism

#### Prof

- \_\_\_\_\_ Accounting
- \_\_\_\_\_ Administrative
- \_\_\_\_\_ Bookkeeping
- \_\_\_\_\_ Operations Management
- \_\_\_\_\_ CPA
- \_\_\_\_\_ Comptroller
- \_\_\_\_\_ Purchasing
- \_\_\_\_\_ Facility Management
- \_\_\_\_\_ Financial Development
- \_\_\_\_\_ Marketing
- \_\_\_\_\_ Administrative Assistant
- \_\_\_\_\_ Teacher

#### Tech

- \_\_\_\_\_ Lawyer
- \_\_\_\_\_ Architecture
- \_\_\_\_\_ Avionics
- \_\_\_\_\_ Engineering Civil
- \_\_\_\_\_ Engineering Electrical
- \_\_\_\_\_ Engineering Mechanical
- \_\_\_\_\_ Engineering Radio
- \_\_\_\_\_ Engineering Project
- \_\_\_\_\_ Community Development
- \_\_\_\_\_ Surveying
- \_\_\_\_\_ Film/AV Production
- \_\_\_\_\_ Speech
- \_\_\_\_\_ Photography
- \_\_\_\_\_ Radio & Ham or Broadcast
- \_\_\_\_\_ Telephone
- \_\_\_\_\_ Saw Milling

Other interests/skills:

Further explanation on above skills:

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## STATEMENT OF HEALTH INSURANCE (REQUIRED)

I certify I have personal health insurance with no territorial limitation, including foreign countries, which will provide coverage for me/my spouse/my children during the duration of said mission. I understand that no health plan is provided by Friends in Action. Friends in Action will provide medical emergency evacuation insurance for the duration of said mission.

Signed \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

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## RESPONSIBILITY WAIVER

I am aware that all positions are voluntary, without financial remuneration. I agree to abide by all present and subsequent issued rules of Friends in Action. I clearly understand that raising all expenses will be my responsibility. I further agree that FIA has the right to discontinue my ministry through FIA at any time at its sole discretion.

I recognize that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor and/or administrator, releasing and forever discharging FIA and all its officers, agents, servants, and employees, acting officially or otherwise, from any and all reason of injury, damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others while on this missions trip.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

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## DISCLOSURE & RELEASE

As unstable situations in our world arise, we feel the need to disclose to you the responsibilities Friends in Action (FIA) will assume and the liabilities from which we must have your release.

- FIA will provide the team member with the U.S. State Department information on the country of travel.
- FIA will provide the team member with the Centers for Disease Control and Prevention information on the country of travel.

While in a foreign country, we cannot guarantee safety of persons or property, but the leadership of FIA will stay informed and advise the team members of security and safety considerations. We do not pay ransom and cannot be held responsible for any damage or loss during the trip. We also may not be held accountable for any terrorist situation that may occur.

The undersigned has read all travel and medical advisories and therefore is informed and aware of the risks of international travel, and holds Friends in Action board and staff free from all liability while participating on the following short-term work project:

Country \_\_\_\_\_ For these dates \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## TEAM COVENANT

We desire to be a team characterized by Christ-like behavior exhibited through unconditional love, unselfish service and unified teamwork. We realize the following elements are crucial to the effectiveness, quality and safety of our trip together. As members of this Short-Term Missions Team, we agree to:

1. Respect the project leader and his decisions. In the event he should be unable to carryout his responsibilities, we will recognize the authority of the person that is designated to function in his absence.
2. Refrain from gossip. Instead, we will affirm and encourage each other regularly.
3. In the event of intra-team conflicts, follow the Biblical guidelines (Matt. 18:10-20) of loving confrontation. This would involve, first of all, prayer, then personal confrontation; and if the situation cannot be resolved, consultation with the project leader. His wisdom will dictate the involvement of a missionary or national, if such a situation arises.
4. Adopt a spirit of forgiveness, recognizing sin as our common enemy and human failings as our common experience. Thus, we will not allow a spirit of bitterness to fester.
5. Allow the development of personal accountability friendship (two people) while, at the same time, being careful not to be exclusive in our relationships.
6. Observe our personal and team devotional times.
7. Refrain from complaining, recognizing travel and conditions in the country we're working in will present different and unexpected circumstances. Instead, we will be creative and supportive.
8. Remember that we are primarily ambassadors of Jesus Christ, and also representatives of Friends in Action. We will try to abide by the cultural expectations of the people group that we are living among, being careful not to be offensive in any way.
9. Refrain from any activity that could be construed as romantic interest toward a national. Certain activities that are normal in our culture may be inappropriate in others.
10. Remember to maintain a servant attitude toward the nationals, missionaries and teammates. We have come to learn, not to teach. Unless asked, we will resist the temptation to inform our hosts about "how we do things" when procedures seem to be inefficient and attitudes close-minded.
11. Work hard, attempting to complete the project; while, at the same time, recognizing the values of the host culture: People are more important than time and relationships are more important than job productivity. We will, therefore, attempt to exhibit patience and flexibility.
12. Respect our host's view of Christianity. We recognize that Christianity has many faces throughout the world and that our purpose of this trip is to witness and experience faith in action in the lives of others.

**I, \_\_\_\_\_, as a member of this team, commit myself to abide by this covenant to the best of my God-given ability.**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

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## REFERENCES

List three people, not a part of your family, who know you well and are willing to fill out the Reference Questionnaire. Three reference forms are enclosed. List here who you've handed them out to:

A. Pastor or full-time staff member at your church (required)

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

B. Employer, manager, or (if a student) a professor (required)

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

C. Additional reference (required)

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

### YOUR SIGNATURE BELOW INDICATES THE FOLLOWING:

- All the information I have provided is true to the best of my knowledge.
- I have read Friends in Action International's doctrinal statement and agree to respect it in all regards. I will not propagate convictions contrary to those in the statement during my time with FIA.
- I am willing to faithfully carry out my assignment and to cooperate in every way possible. I will accept and respect the decisions and authority of the mission leaders and abide by the rules of the mission. If I have a cause for complaint or a difference of opinion, I will bring it at once to the mission leadership instead of to others who may not be able to help me.
- I will not hold FIA liable for injury, disease, or delay of return while under the auspices of FIA.
- I will allow FIA to contact my present employer as indicated under the Employment History section of this application.
- I am willing to provide a police clearance record upon the request of FIA.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN APPLICATION FORMS TO: Friends in Action International  
Attention: Wendy Stivers  
PO Box 323  
Elizabethtown PA 17022**

\*\*Don't forget to include a color copy of your passport.

NOTE: Your passport must be valid for at least six months after the end of your trip.