

Outreach Commitment Agreement

1. I agree to refrain from the use of tobacco, alcohol and any other illicit drugs while a part of this outreach.
2. I agree to conduct myself in a manner appropriate for an ambassador of Jesus Christ, which I am.
3. I affirm that I will not hold Destiny Healthcare International or First Assembly of God or its designated Outreach leaders responsible for any accidents, injuries, illnesses incurred during this trip, except for those due to their gross negligence.
4. I understand that without a clear delegation of authority, disorganization and the consequences thereof may result. Therefore I will submit to the authority of the outreach coordinator and his/her designated assistant leader(s) to help insure a peaceful, profitable time.
5. I will give every effort to cooperate with the other group members and work together as a team during the preparation period as well as during the outreach itself.
6. I commit, as best I'm able, to attending pre-outreach preparatory meetings and will regularly be in prayer regarding the outreach.

Signed: _____

Date: _____

PASTOR'S REFERENCE

Name of Applicant: _____
Last First Middle

Address: _____

The above applicant has applied to become a short-term foreign mission outreach participant with a Destiny Healthcare International and First Assembly of God Short Term Mission team. We would appreciate it if you would supply the information requested on this form in order to aid us in evaluating the applicant's suitability to work with us. The applicant cannot be considered until all reference forms are received and therefore your prompt completion of this form would be very much appreciated. Thank you!

1. I have known the applicant from _____ to _____.
2. How long has the applicant attended your church? _____
3. In what activities has the applicant participated since attending your church? _____

4. In your association with the applicant, what has been the level of commitment you have seen exemplified? Faithful Inconsistent Other (please explain)

5. Evaluation of applicant's emotional maturity.
Due to the cultural and environmental context of the ministry, adjustments may have to be made as to diet, social customs, climate changes, living arrangements, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant's maturity and stability.

- A. Please check one: Outstandingly mature. Has proven his/her ability to operate under pressure and stress.
 More mature and emotionally stable than average.
 Possesses adequate emotional stability and maturity.
 Doubtful. Experience has shown that the applicant might not be able to endure stress.
 Applicant has frequently demonstrated signs of inability to cope with stress, such as rage or withdrawal, is erratic in attitude/ action, or has demonstrated emotional instability in other ways.

Comments: _____

- B. How does the applicant usually react in trying situations?
(Please check one): withdraws gets discouraged gets angry
 accepts patiently meets constructively
 other, explain: _____

- C. Has the applicant proven on any occasion to be unreliable or of questionable character?
 yes no If yes, please explain: _____

- D. As far as you know, has the applicant ever been arrested for any offense? yes no
If yes, please explain: _____

6. Evaluation of applicant's overall characteristics. (Please check one in each group):

PHYSICAL CONDITION

- frequently
- somewhat below average
- fairly healthy
- good health
- rugged and vigorous

LEADERSHIP ABILITY

- makes no effort to lead
- tries but lacks ability
- has some leadership ability
- good leadership ability
- unusual ability to lead (gifted)

INTELLIGENCE

- learns and thinks slowly
- average mental ability
- alert, has a good mind
- brilliant, exceptional

WILLINGNESS TO SERVE

- reluctant to serve
- motives confused
- usually willing to serve
- eager to serve as needed

TEAMWORK

- frequently causes friction
- insists on having own way
- usually cooperative
- works well with others

RESPONSIVENESS TO OTHERS

- slow to sense how others feel
- reasonably responsive
- understanding and thoughtful
- usually responsive

RELATIONSHIPS

- avoided by others
- tolerated by others
- liked by others
- well liked by others

ACHIEVEMENT

- does only what is assigned
- starts but does not finish
- meets average expectations
- takes initiative

CHRISTIAN EXPERIENCE

- relatively superficial
- warmly contagious
- genuine but mild
- over-emotional
- rich and growing

7. Please check words that describe the applicant. Choose only a few that stand out.

- | | | | |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> teachable | <input type="checkbox"/> nervous | <input type="checkbox"/> flexible | <input type="checkbox"/> peaceful |
| <input type="checkbox"/> gets discouraged | <input type="checkbox"/> fearful | <input type="checkbox"/> patient | <input type="checkbox"/> prejudiced |
| <input type="checkbox"/> understanding | <input type="checkbox"/> dependable | <input type="checkbox"/> moody | <input type="checkbox"/> good listener |
| <input type="checkbox"/> servant-hearted | <input type="checkbox"/> committed | <input type="checkbox"/> easily offended | <input type="checkbox"/> anxious |
| <input type="checkbox"/> gets embarrassed | <input type="checkbox"/> tolerant | <input type="checkbox"/> critical | <input type="checkbox"/> lacks humor |
| <input type="checkbox"/> enthusiastic | <input type="checkbox"/> motivated | <input type="checkbox"/> stable | <input type="checkbox"/> domineering |
| <input type="checkbox"/> disciplined | <input type="checkbox"/> wise | <input type="checkbox"/> perfectionistic | <input type="checkbox"/> humorous |

8. In your opinion, in which areas of ministry does the applicant seem gifted?

- | | | | |
|--|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> communication | <input type="checkbox"/> secretarial | <input type="checkbox"/> music | <input type="checkbox"/> prayer |
| <input type="checkbox"/> children's work | <input type="checkbox"/> discipleship | <input type="checkbox"/> worship | <input type="checkbox"/> encourager |
| <input type="checkbox"/> administration | <input type="checkbox"/> medical | <input type="checkbox"/> counseling | <input type="checkbox"/> teaching |
| <input type="checkbox"/> carpentry | <input type="checkbox"/> youth work | <input type="checkbox"/> evangelism | <input type="checkbox"/> preaching |
| <input type="checkbox"/> art | <input type="checkbox"/> computers | <input type="checkbox"/> hospitality | <input type="checkbox"/> laboring |

9. Do you recommend the applicant for acceptance as an outreach team member?

- Yes, unreservedly
- Yes, with hesitation
- No

Comments: _____

NAME (please print): _____

CHURCH/POSITION: _____

ADDRESS: _____

PHONE: _____

SIGNATURE: _____

Please mail this form directly to:

Destiny Healthcare International
1417 S. Minnesota Ave.
Sioux Falls, SD 57105

RELEASE OF LIABILITY

I, _____, hereby release Destiny Healthcare International and First Assembly of God from any liability regarding any accident, injury or disease sustained or contracted by me while on the mission field. I further agree to hold harmless Destiny Healthcare International and First Assembly of God, or any agent thereof, from any medical, hospital or dental bills incurred as a result of any injury, accident or disease sustained or contracted by me while on the missions field.

Signature _____

Signature (Custodial Parent or Guardian if applicant is under age 18)

Sworn to before me this ____ day of _____, 20__

Notary Public in and for the

County of _____

State of _____

Country of the United States of America.

SHORT-TERM MISSION OUTREACH APPLICATION

Name: _____
Last First Middle Preferred

Address: _____
Number/Street City/State Zip

Email: _____

Phone: Home () _____ Work () _____ Alt. () _____

Age: _____ Birthdate: _____ Marital Status: _____

Home Church: _____
Name Address Phone

Home Pastor: _____
Name Address Phone

Medical Information.

Blood group/type: _____

Allergies: _____

Are you now under a doctor's care for any condition? Yes/No

I yes, briefly explain: _____

Present medications? Yes/No

If yes, please list: _____

Do you have any medical problems that might place limitations on your ability to participate on this outreach? Yes/No

If yes, briefly explain: _____

Do you have health insurance? Yes/No

If yes, please list company name and policy number: _____

Professional.

If you plan to participate as a licensed professional (e.g. nurse, doctor, lawyer, etc.) please submit a copy of your curriculum vitae and notarized copies of your diploma and current license, and give following:

Occupation:

Licensed in: _____ Current license # _____
State/Country

References (List two people who know you in a professional capacity):

Name/Position	Organization/Address	Wk. Phone	Home Phone
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Languages (indicate how fluent): _____

Ministry gifts/skills: _____

Other skills/experience/hobbies: _____

Previous experience in foreign outreach (outside U.S.): _____

Previous experience in domestic outreach (inside U.S.): _____

Person to notify in case of emergency:

Name/Relationship	Address	Wk. Ph.	Hm. Ph.
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Have you asked Jesus Christ to forgive you of your sins and to assume the position of lordship in your life?
Yes/No

If yes, please describe your beginnings with Jesus Christ as well as your present level of relationship intimacy with Him:

What church involvement have you had (past/present)?

Why do you desire to participate in this outreach and what do you hope to give/gain?

Please list anything else you would like us to know about you:

To the best of my knowledge, the information stated in this application is correct and accurate.

Applicant's signature

Date

If including deposit, make checks payable to Destiny Healthcare International and send to:

Short-Term Outreach
 Destiny Healthcare International
 1417 S Minnesota Ave
 Sioux Falls, SD 57105
 605-339-3378