



ZimOutreach Applicant Checklist

To make application to Zimbabwe Outreach Ministries (HRCM, INC) for Short Term Mission Trip or Internship please submit the following:

- Application Form (NOTE: If Applicant is under 21 must have Parent/Guardian signature.)
- A Recent Photo
 - Taken within the last 6 months to reflect your current appearance
 - Taken in front of a plain white or off-white background
 - Taken in full-face view directly facing the camera
 - With a neutral facial expression and both eyes open
 - No hats, jewelry, etc.
- Proof Passport: A photo of copy of date issued, Expiration Date, and Number
- 3 Reference Letters
- Hold Harmless Form
- Acknowledgement of Confidentiality

If printed and handwritten, do not photocopy, please mail to:

Michael Boschert
334 Westmoreland Ct.
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, you will receive a confirmation call or e-mail of acceptance at which point you can begin your support raising.



Personal Information

1. Passport Number- _____

2. Attending Church- _____

Attending Church Address- _____

3. Full Legal Name- _____

4. Preferred Name- _____

5. Current Phone Number- (_____) _____ Cell Phone- (_____) _____

6. Email Contact _____

7. Birthdate _____

8. Place of Birth _____

9. Age _____

10. Gender: M / F

11. Current Address- _____

12. Permanent Address- _____

13. Emergency Contact- _____

Relationship to you _____

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



Student Information

1. Are you currently in School? _____ If so, where? _____

2. Number of Semesters Completed: _____

3. Which are you applying for (circle)? Short-Term Missionary Internship

4. What do you hope to achieve during your experience with Zimbabwe Outreach Ministries?

5. Degree of education presently seeking: _____

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

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



Work Experience and Education

1. Present place of employment: _____
Phone Number: _____
Address: _____
2. Type of work: _____
3. Position: _____
4. Duration of present Work Place: _____
5. Other work experience: _____

6. Languages Spoken: _____

References

One of the three should be a church leader, Preacher, Elder or Sunday School Teacher. Please no family members. **References should send letters of recommendation to Michael Boschert directly via post or e-mail.**

1. Name: _____
Address: _____
Phone: _____
Email: _____
2. Name: _____
Address: _____
Phone: _____
Email: _____
3. Name: _____
Address: _____
Phone: _____
Email: _____



Medical History Form

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:



Medical History Form Cont'd

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 joi |
| <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.



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_____.



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: _____

Signed (Applicant): _____

Signed (Parent/Guardian/Witness): _____



Use Blank Page for
attaching Recent
Photo.