



The Good Shepherd Children's Home

VISITOR/VOLUNTEER APPLICATION – 2015

Please Print or Type (Print name exactly as it appears on your *passport*.)

Name: _____
Last First Middle

Passport Number: _____ Expiration Date: _____ Issuing Country _____

Date of Birth: _____ Age: _____ Gender: _____ Marital Status: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____

Are you a Christian? _____ Denominational Affiliation: _____

Employer: _____ Occupation: _____

Professional Titles (DDS, MD, Rev, RN, RPh) _____ Degree: _____

Language Skills: _____ Other Skills: _____

Skills you will be using on this trip: _____

Where would you like to serve?

Give a brief description of what you would like to do. _____

Proposed Date of Arrival: _____ Time: _____ Airline: _____ Flight#: _____

Proposed Date of Departure: _____ Time: _____ Airline: _____ Flight#: _____

Signature: _____ Date: _____

IMPORTANT NOTICE

If you are planning to bring a small group of four (4) or less, you will need to contact Sheree Postlewait at sheree@bmdmi.org

If you are planning on a Team of 5 or more, you will need to contact Holly Mire-Dyess, the GSCH Team Activities Coordinator in Hattiesburg, MS.

Holly Mire-Dyess
Email: holly@bmdmi.org
Office: 601-544-3586

Holly will help you with the following:

- Deadlines for submission of documents and fees
- Required documents (if applicable)
- Supplies that must be purchased
- Typical schedule of the week
- Coordinate your team's travel date to Honduras / GSCH / GSCA
- Team Questionnaire for Team Captains

CHECKLIST FOR SMALL GROUPS (4 or less)

- Application** including health questions (signed and dated)
- Current Color Photo**
- Brief Personal Testimony** (for 1st time applicant)
- Pastoral Letter of Recommendation** (for 1st time applicant)
- Statement of Beliefs** (signed and dated)
- Photocopy of Professional Licenses/Certificates (MD, RN, Teacher, etc)**
- Background Check**
<https://www.ministryopportunities.org/Application.aspx?oid=25568>
- Color Copy of Passport** (must be valid for 6-months past date of trip)
- Release** (signed and dated)

HEALTH QUESTIONS

Note: All visitors must be physically and emotionally able to endure possible difficult, strenuous and demanding conditions. A participant may be required to furnish a statement from his/her physician that they are able to withstand these kinds of third world conditions.

Do you have any chronic or current health problems that might be affected by the environment and living conditions in a third world country?

If yes, please give a brief description: _____

*****IF YOU ANSWER YES, TO ANY OF THE FOLLOWING, PLEASE LIST ON A SEPARATE SHEET*****

Question	Yes	No
Have you ever had any serious injury or illness?		
Are you currently receiving medical treatment or evaluation on a regular basis?		
Are you currently taking medication(s)?		
Do you use alcohol?		
Do you use tobacco?		
Do you have any food/drug allergies? Please list on a separate page.		
If you have piercings, do you agree to remove the jewelry while on property?		
If you have tattoos, do you agree to conceal these while on property?		
Are you pregnant? If so, how many months?		
Have you ever been abused either physically, psychologically, or sexually?		

Have you ever had, or have you now, any of the following?

Condition	Yes	No	Condition	Yes	No
Frequent and/or severe headaches			Hearing difficulties		
Dizziness or fainting			Heart problems		
Convulsions			High/low blood pressure		
Nervous breakdown			Breathing problems		
Mental problems			Digestion problems		
Visual problems			Back or neck problems		
Asthma			Joint problems		
Allergies			Foot problems		
Epilepsy			Diabetes		

Blood Type: _____ **(must have before your application is submitted)**

Your date of birth (for insurance purposes) _____

Family Physician: _____ Phone: _____

Emergency contact names, e-mail addresses, and telephone number(s). Please submit at least one. Periodic e-mails may be sent to these family members to update them while you are away on your trip.

Name & Relationship	E-mail Address	Home Phone	Cell Phone

Primary Beneficiary Name: _____ Relationship: _____

Secondary Beneficiary Name: _____ Relationship: _____

TESTIMONY

Testimonies are very important because they are gifts that God uses to reach others with His grace and love. Please tell how Christ came into your heart as Lord and Savior. Also, please share your reasons for wanting to participate in this mission project. Please write your personal testimony and attach it to the application.

In which of these areas do you feel God has gifted you? (Please check)

Experience/Gift	Yes	No	Experience/Gift	Yes	No
Construction			Art/Crafts		
Music Performance/Instruction			Education/Tutoring (specify)		
Photography			Computers		
Sewing			Painting		
Cooking			Organizing		
Creative Writing			Discipleship		
Creative Design			Evangelism		
VBS			Medical		
Sports (specify)			Dental		
Teaching			Farming		

Church to which you belong: _____

Address of Church: _____ City: _____ State: _____

Pastor: _____ E-mail: _____ Phone: _____

Church/Civic work in which you are involved: (Example Sunday School teacher, work with youth, civic groups)

MISSION TRIP EXPERIENCE

- Have you ever completed Cross Cultural Training, a local church, association or entity such as a seminary or a mission agency?
- Have you ever gone on a BMDMI mission trip?
- Have you ever gone on a mission trip with another organization?
- Have you ever visited or stayed at the Good Shepherd Children's Home in Honduras?
- Flexibility is a primary pre-requisite. Do you feel you have this attribute?
- Do you know anyone who has been on a BMDMI trip or that has stayed at the GSCH?
 - If so, who and when? _____

If you have gone on a mission trip, briefly describe your involvement and where you served. Also provide the name and number of the team captain.

Year	How Long	Country	Mission Organization	Team Captain	Contact Info

STATEMENT OF BELIEFS

The Inspiration of the Bible:

I believe the Bible is the verbally inspired Word of God. (Jer. 30:2; II Timothy 3:16; II Peter 1:20,21)

The Person of God:

I believe God is supreme in His person, eternal in His being, absolute in His attributes, glorious in His perfection. I believe in the Trinity. (Gen. 1:1; Isa. 6:1; Deut. 6:4; Matt. 6:9)

The Person of Jesus Christ:

I believe in the virgin birth of Christ, His deity and sinless life, His vicarious death, His bodily resurrection, and in His personal, pre-millennial return. (Matt. 1:18,20; II Cor. 5:21; I Cor. 15:3-4)

The Person of the Holy Spirit:

I believe the Holy Spirit is the Third Person of the Godhead. I believe that He executes the plan of God for our conviction and salvation. From the time of conversion, the Holy Spirit resides in the body of the believer and empowers him/her for His service. (Col. 2:9; Matt. 10:16; John 14:16)

The Fall of Man:

I believe that man was created in the image of God and by choice fell into sin and death. Hence, every person is sinful and under condemnation to eternal judgment. (Gen. 2:16; Gen. 3:1,7; Rom. 5:6,11)

The Salvation of Sinners:

I believe that the salvation of sinners is wholly of grace, and that Jesus Christ is the only way of salvation. (Eph. 2:8,9; John 3:16; John 5:24; John 3:36)

The Freeness of Salvation:

I believe that the blessings of salvation are made free by the Gospel to all who repent of their sins and accept Christ as their personal Lord and Savior, and that nothing prevents the salvation of the greatest sinner but his own inherent depravity and voluntary rejection of the Gospel. (Rom. 3:24; Eph. 2:8,10; Titus 3:5)

The Security of the Believer:

I believe that those who receive Jesus Christ as their Savior are eternally secure. Our security rests on the finished work of Jesus Christ. As a result, we have assurance. (II Tim. 1:12; Rom. 8:35,39)

The Doctrine of the Church:

I believe that the visible church is a congregation of baptized believers, practicing New Testament principles, believing its doctrine, observing its ordinances, and exercising its autonomy. (Matt. 16:18; Eph. 3:10,11; I Cor. 3:11)

The Doctrine of Heaven and Hell:

I believe in the eternal blessedness of the saved in Heaven and the eternal punishment of the lost in Hell. (I Thes. 4:13; John 14:1,6; Matt. 25:31,46; Rev. 20:10,15)

STATEMENT OF BELIEFS CONTINUED

Because the primary goal of each BMDMI team is to present the Gospel of Jesus Christ to the people of Central America, it is important that our team members and visitors have a personal relationship with Jesus. As a Christian, you profess that you came to a time in your life when you realized that you were a sinner; that you could not save yourself; you believe that Jesus Christ is the one and only Son of God; that He died for your sins; and you repented of your sins and called upon Christ to save you. In light of this statement, please check one of the following:

- I agree with the previous statement and have accepted Christ as my Personal Savior.
- I have not yet accepted Christ as my Personal Savior but ask you to consider allowing me to serve at the Good Shepherd Children's Home in Honduras.

Volunteer/Long-Term Visitor Covenant: As a team member, I am:

- ✓ Willing to follow the doctrinal beliefs of BMDMI
- ✓ Willing to abide by the BMDMI dress code as specifically detailed in the "One Week" brochure or online at <http://www.bmdmi.org/resources/index.html>
- ✓ Willing to conceal tattoos, willing to remove unacceptable piercings.
- ✓ Willing to wear pants on the day of travel and dresses to church services.
- ✓ Willing to refrain from use of tobacco products, alcohol or profanity while on the mission trip
- ✓ Willing to refrain from pairing off between members of the opposite sex during the mission trip
- ✓ Willing to perform any task assigned to me
- ✓ Willing to abide by all rules of the Good Shepherd Children's Home.

The information I have supplied in this application is true, and I have carefully read, understood and agree to abide by all the covenant requirements listed above (including dress code requirements).

Signature: _____ **Date:** _____

NOTE: BMDMI will arrange for the early return (at the team member's expense) to the United States of any team member that does not adhere to each of these guidelines. BMDMI reserves the right to decline any application for team membership for any reason, including (but not limited to) theological differences or personal behavior deemed incompatible with its ministry and/or testimony.

RELEASE

WHEREAS, the undersigned will be traveling to various countries and participating in various mission projects while in said countries which are sponsored in whole or in part by Baptist Medical & Dental Mission International, Inc., a non-profit corporation; and

WHEREAS, the undersigned desires to release and hold harmless Baptist Medical & Dental Mission International, Inc. its directors, officers, administrators, employees, members, team captain or team coordinators, and/or team members from any and all liability, claims, demands or action which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersigned may sustain as a result, directly or indirectly, while participating in any of said mission projects and/or activities, or while traveling to, from and during said mission project by any mode of transportation;

NOW, THEREFORE, in consideration of the participation by the undersigned in said mission projects and the benefits flowing from Baptist Medical & Dental Mission International, Inc. as sponsor and coordinator, and other good and valuable considerations, the undersigned does hereby release, discharge and save harmless Baptist Medical & Dental Mission International, Inc., its directors, officers, members, administrators, employees, members, team captain or team coordinators and/or team members from any and all liability, claims, demands or actions which may occur as a result of any injury, whether accidental or otherwise, illness or other loss which the undersign may sustain as a result, directly or indirectly, while participating in any of said mission projects and activities, or participating in any and all types of activities, while in any country, or while traveling to and from said countries, to and from mission project sites, or any other traveling by the undersigned from departure from any airport in the United States until the time of return to any airport in the United States by any mode of transportation.

The undersigned further agrees that he/she will not institute any action or suit at law, or in equity, against Baptist Medical & Dental Mission International, Inc., its directors, officers, members, administrators, employees, team captain or team coordinators and/or any team members at any time, and will not institute, prosecute or in any way aid in the damages, cost, loss of services, expenses or compensation for or on account of any alleged damage, loss, injury, health problem, disease or illness to any person or property, or both, whether developed or undeveloped, resulting from or to result from, known, unknown, past, present or future by the undersigned's participation in mission projects sponsored by Baptist Medical & Dental Mission International, Inc.

The undersigned further acknowledges that he/she has been fully advised of the hazards, conditions and environment existing in said countries in which the mission projects will be conducted and of various health and safe hazards which exist, and he/she fully understand and assumes all the risks involved in participation on said mission projects.

This release shall be binding on all the heirs at law, beneficiaries, or any party in interest of the undersigned and shall insure the benefit of any successor officers, directors, or administrators, members, employees, team captains or team coordinators and/or team members of said Baptist Medical & Dental Mission International, Inc.

Signature: _____ **Signed on this** _____ **day of** _____, **20**_____

Print Name: _____

IF YOU ARE UNDER 21 YEARS OLD, you are considered a minor and this release must be signed by **BOTH** PARENTS and/or GUARDIANS (and spouse, if minor is married). *(Skip this section if you are 21 or older.)*

Name(s) of Parent(s) or Legal Guardian(s): _____

Signature of Minor's Parent (or Guardian) #1

Signature of Minor's Parent (or Guardian) #2

Signature of the Minor's Spouse if the Minor is Married: _____

IF ONLY ONE PARENT IS SIGNING ABOVE, PLEASE CHECK THE FOLLOWING BOX THAT APPLIES:

I verify that the other parent/legal guardian is deceased.

I verify that I have been granted sole legal custody of the minor listed above.