



Integrating faith and healthcare.

Global
International
Missions
Application

Hope & Healing

Please complete the entire form. You must have Adobe Reader to fill in this form electronically; you can download Reader for free at Adobe.com. You can print the application and fax or scan it back to the office. Thank you.

2010-2011

I. WHAT TO DO NOW

1. Apply to the project using this application the team leader of this medical mission will decide who will ultimately be able to join the team, based on the needs of the team and each participant's qualifications.
2. If you don't already have a Passport, get your application in immediately. Go to any Post Office and they will tell you what to do and where to go.
3. Visa requirements: Some countries require a Tourist or Visitors Visa in order to enter the country. A link can be found on our website.
4. If you are not able to afford the cost of the trip, start applying now for assistance to your Church's outreach or missions committee and/or write letters describing the trip and asking friends, relatives, and your employer for support.
5. Once accepted to the team start the process of getting your immunizations/ shots as required by the World Health Organization. Ask your healthcare provider for direction regarding the immunizations and your health.
6. Emergency travel insurance, flight insurance, emergency evacuation insurance, and other coverage are at your discretion. You may obtain any of these insurances at your own expense the office can help provide more information.

II. WHAT TO PLAN ON PACKING FOR THE TRIP

1. In place of luggage you will carry two 50 lb boxes (mission packs) filled with supplies and medicine. You can bring one carry-on. One 50lb box (Labeled Box# 10) is designated for team personal items.
2. Pack clothing for hot weather. You should pack one set of clothes for trips to "the bush" (rural areas with bad roads, lots of dust, uneven walking surfaces). We suggest a light weight long sleeve shirt, long pants and hiking shoes, a hat or cap. The maximum body coverage serves two purposes (protection from sun burn and from insects). Even though it will be hot, we do not recommend wearing "flip-flops" or open sandals in the bush (to avoid insects and manure borne critters on the ground).
3. When we are in the city, we will be going to various events in Churches and people's homes. For these events, you should have a set of clean business dress type clothes. When you are invited for dinner to a person's home, they will put out the very best food and they will dress up to honor your presence. We show our hosts courtesy by respectful dress. Men (jacket, dress shirt, long pants, shoes or sandals.) Women dress that covers the legs, upper arms and chest.
4. Mosquito netting. It would be a very good idea to bring a mosquito net with you. I recommend the self-standing type with collapsible nylon rods. They work a lot better than the type you need to tie to the lamp post and the door knob etc. You can get them at Eastern Mountain Stores or another outdoor outfitter.
5. Spray mosquito net and your "bush" clothes with "premethren" (available at drug stores) or another bug repellent several days before packing. Consult your physician to be sure you are

not allergic to the active ingredient.

6. Meds: As noted above, we will be in a very hot, dry, dusty environment. If you have dry skin or dry eyes, be sure to bring extra skin lotion, eye drops, lip gloss and whatever else you use. Also remember to bring a strong bug repellent as recommended by the health clinic where you got your shots. Also remember to get your prescription filled for the anti-diarrhea medicine. At least one person will need this and you will be very sorry if you need it and don't have it. Don't forget to bring and take your malaria prophylaxis pills beginning one week before we leave. If you have sensitive skin and need a special kind of soap or shampoo, please bring it. There are drug stores in country, but the range of choices is nothing like what we are used to. If you have any respiratory problems (asthma or other things) please be sure to bring your inhalers and all other medications with you.
7. Anti-bacterial hand-soap: You should carry a bottle of this with you in the bush. There is no soap of any kind in the bush villages and no private restroom facilities. You will be shaking hands and otherwise interacting with people who are in a very different germ environment from the one your body has adapted to, so you want to keep those new germs off of your hands and out of your digestive system.
8. Cameras and video recorders: As the saying goes, a picture is worth a thousand words when telling others what you did when you come home. Please observe cultural norms (listed in the next section) when taking pictures. If any of you owns an old Polaroid camera, these are a great hit in rural villages; to give a photo to people who have never had their picture taken is a big thrill to the kids. Do not take photographs of any area where patients are being seen or undergoing a procedure. Do not post any patient pictures to Face Book or the internet.
9. Money: About \$200 in cash most of the time, we will be in rural areas where there is nothing to buy except the bare necessities of life. We advise leaving all unnecessary credit cards at home. You will use a credit card only in Abuja, at a hotel so one is sufficient.
- 11) Granola bars. We will be very well fed while we are in Nigeria. However, if you have trouble with spicy food or exotic food, you may want to pack some granola bars or peanut butter and crackers.

III. CULTURAL SENSITIVITIES

1. Greetings between men and men. Shake hands when a hand is offered to you. A slight bow to acknowledge the other if a hand is not offered.
2. Greetings between men and women in private homes and social gatherings. When greeting a male visitor, Nigerian women will lean toward you in a curtsy. This is not a sign that they want a hug – they do not. The correct male response to a woman's curtsy is a slight bow of the head. If, in a social gathering the woman extends her hand for a handshake, then it is appropriate to respond with a handshake.
3. Greetings and interaction between men and women in public. Men need to be very cautious about interacting with women in market areas, especially where there are Muslims present. Never initiate a conversation with a woman as it could be misinterpreted as solicitation. Absolutely no picture taking of anyone in a market area. Interaction with children is ok, but not with adult women. Adult women tend to gather around children and interact indirectly. Picture taking in rural villages where the mobile medical team is present is usually acceptable however

always ask the local clergy or your driver if you are not sure.

4. Nigerian men never wear shorts in public, no matter how hot it is. If you pack shorts, you may wear them in your room, but never in public or in any social gathering. Women should always have legs arms and chest areas covered in public. A woman wearing a tank top (for example) in public would be perceived as extremely provocative and would be inviting trouble.
5. Crosses or other religious symbols: It is probably best not to display crosses or other religious symbols in public. We are sometimes in area where Christian/Muslim relations are tense.
6. Most northern Nigerian Christians are tea-totallers (at least in public). This is due to many factors, including the intense competition and conflict with Islam. Please honor our hosts by refraining from bringing any alcoholic beverages in your suitcase or attempting to purchase it while we are there. Please be sensitive to our context.
7. Please be very careful about passing out your business card or other contact information. Most of the people you will meet in the churches and in the city are poor. It is a widespread assumption that all Americans are fabulously wealthy. If you give your card out, you can expect to be contacted with pleas to help someone with financial assistance or to immigrate to America.

IV. NON-MEDICAL STAFF

When are participating in a medical mission. Medical professionals will be assisting with medical operations at the direction of the FaithCare leaders. Non-medical people will be helping with record-keeping, logistics, welcome, prayer and various other duties. The role of the non-medical people is to relieve the medical people as much as possible so that they can focus their time and energy on providing care to the patients.

GLOBAL INTERNATIONAL MISSIONS APPLICATION

Do you have a passport that will be valid for at least 6 months as of the departure date?							<input type="checkbox"/> Yes		<input type="checkbox"/> No	
You must mail, fax or scan-email a copy of your passport to us. We will request the original once you are accepted to participate (If required by the Project Site Country.) If you are not a US citizen you must obtain the necessary documentation in order to travel with the team from your country. NOTE: We cannot ticket you without all of the required signed forms and fees. No Exceptions!										
REQUIREMENTS: All applicants and all Medical Professionals must provide the following.										
\$125 Non-refundable registration fee				Copy of first page of passport (w/photo)						
Copy of professional diplomas				Physicians: Hospital Privilege Letter, Curriculum Vitae, Board and Residency Diplomas						
A recent photo				Students/Residents: Letter of good standing from Dean or Department Chair						
Current license copy										
APPLICANT INFORMATION										
Last Name:			First Name:			Middle:				
US Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Place of birth:		Birth date:		Age:	Sex:	<input type="checkbox"/> M	<input type="checkbox"/> F
Height:	Weight:	Eye Color:		Eye glasses:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shirt/Scrub Size:		
Street address:						P. O. Box #				
City:		State:		Zip:		Passport#				
Home Phone:			Mobile:			Fax:				
Email:						Email Work:				
Marital Status:						Religious Affiliation:				
EMPLOYMENT INFORMATION										
Employer:						Phone:				
Address:			City:			State:		Zip:		
Occupation:					Is this a health related field?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
EDUCATION AND SKILLS										
List type of skill, degree, or specialty										
Nurse:						Dental:				
PA:						Eye:				
Technician:						Pharmacist:				
MD:						Other:				
Non Medical:						Clerical/Pastoral:				
EMERGENCY CONTACT INFORMATION										
Name:				Relationship:		<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	<input type="checkbox"/> Other	
Address:			City:			State:		Zip:		
Home Phone:			Mobile Phone:			Work Phone:				
Email:						Other Information:				
OTHER INFORMATION										
Do you speak another language?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	What Language?			Would you interpret?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you participated in a mission project previously?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Where:				
What did you do?										

Heart, Liver, Kidney or other condition?

Medications you are taking including over the counter drugs:

Other:

TRAVEL ARRANGEMENTS

I understand that as a **FaithCare, Inc. - Global International Missions (GIM)** participant I am expected to travel internationally with the **Global International Missions (GIM)** team. By signing below I give my permission to **FaithCare, Inc. - Global International Missions (GIM)** and their travel agent to make my international flight arrangements. I understand that I am responsible for payment (in advance) of any travel arrangements (including Visa's) made on my behalf by **GIM** and their travel agent. I also understand that I am responsible for the flight arrangements, including costs to the city/airport of departure from my home.

CHARGES

A non-refundable registration fee of \$125.00 made out to FaithCare, Inc. is due with your application. Project fees may vary by location call the office or visit our webpage click on Global Missions from the menu bar for more information regarding the project you are applying to.

- There is an online payment option from our web page click the Donate button on the menu bar or scroll to the bottom of the page and click the **JustGive** option. Be sure to indicate that your "donation" is for trip fees or mail your check to the office at: 504 Main Street, Farmington, CT 06062.

There is a 3% fee for using the online payment option, so please include an additional 3% in your payment.

The project fee is used in part to cover GIM project operational expenses and cannot be prorated for partial participation. If the project is filled or if an application is not approved, the application fee will be refunded. If you cancel after tickets are purchased in your name you will be responsible to arrange with the vendor, carrier or travel agent any refunds, uses and exchanges. You will also be responsible for any travel insurance, flight insurance or international health or evacuation insurance. **FaithCare, Inc.** will send US IRS Tax-deductible receipt letters for all donations/sponsorships contributed for **FaithCare, Inc. - GIM** project expenses. Donation checks should be made out to **FaithCare, Inc.** with the participants name in the memo field. All cancellations **MUST** be submitted to **FaithCare, Inc.** in writing. Any excess funds received in donations and sponsorship cannot be returned to the participant and will be kept in reserve for the participant to use on a future trip. The funds must be applied toward a trip within two (2) years from the date of the original trip after which time period the funds will be used for medicines, equipment, shipping, operational expenses, and other programs. We discourage children under 18 from participating although by request we will make a consideration for children ages 12-17. All children must be accompanied by a parent or other legal guardian and must complete a supplemental application form. If at least one parent is not participating a Parental Consent must be signed and notarized. Please request this form from the office.

Any applications received after the closing date will be returned to the applicant. Any incomplete application or those not accompanied by the necessary fees and documentation will not be considered until completed. All forms and the waiver must be completed for EACH project. (There are no "standing applications")

STANDARDS OF CONDUCT AND BEHAVIOR

It is very important that we act in the way we know our those principals In adapting to the circumstances, expectations, and cultural mores of the places and people we serve, there are some restrictions we must all agree to follow for the duration of each project: Our actions and behavior will have a more profound impact upon people than what we say to them. Be mindful of your behavior and model it upon that of Christ's. We do not want to be a stumbling block to others nor do wish to give offense and defeat our purpose by acting in a way that makes us look small or hypocritical. We have a responsibility to lead by example to act as ambassadors and not as tourists. We do not want to hinder or hurt our goal to bring hope and healing to and through the medical community by integrating faith with healthcare in any way. We ask that you abstain from the use of alcohol, tobacco, illegal drugs, from attending clubs and bars, and from any kind of immoral behavior.

All participants in **FaithCare, Inc. - GIM** short-term foreign mission projects are expected to uphold these standards of conduct.

The Team Leader is authorized to immediately dismiss anyone who violates these standards of conduct and behavior.

INDEMNIFICATION AND HOLD HARMLESS

WHEREAS, _____ (here after "team member") desires to participate in the voluntary medical outreach mission to _____ (Country) from the dates of _____ to _____, and WHEREAS, the team member desires to provide free will services to the needy population of the under-developed nation being served by **FaithCare, Inc.**, Inc. NOW, THEREFORE, in consideration for the satisfaction of service, personal and/or spiritual growth, educational experience, and other good and valuable consideration, the receipt of which is hereby acknowledged: The team member hereby irrevocably and unconditionally agrees to release and hold harmless the **FaithCare, Inc.** - GIM, its team leader, its Board of Directors, its Advisors and Consultants, employees and all others associated with the **FaithCare, Inc.** - GIM, from any and all costs, expenses, liabilities, attorney's fees, or any other damages, claims, or suits for damages, personal injury, wrongful death, or property loss/damage related in any way to the mission.

I do hereby acknowledge the inherent risk of international travel and the fact that injury, death, disease, might occur during or as a result of my service on a **FaithCare, Inc.** – GIM project, and fully understanding that the risks associated with such service may include, but are not limited to, injury or death by accident, loss of, personal property, lost, stolen, or damaged property; automobile, plane, mechanical, pedestrian, or any other accidents; medical illnesses; infections, including bacterial, fungal, parasitic, viral, HIV, etc.; post-traumatic stress, depression, or mental anguish; uprisings within the country, imprisonment, difficulty entering or leaving the country, victim of deceit or fraud, death from natural or unnatural causes, consequences of not providing adequate personal protection against the natural elements/conditions or diseases. I willingly assume these risks and I hereby waive any and all claims against the participating local and international organizations as well as the sponsoring institutions, their officers and employees, and the leaders of **FaithCare, Inc.** I hereby acknowledge that I have read the "informational packet regarding the mission project to _____ and have had an opportunity to talk with the team leader and any advisors of my choosing about the risks inherent in the mission.

SIGNATURE

By signing below I acknowledge that I have read, understand and accept all of the terms contained in this entire document. You must print and fax or mail this document with your signature.

_____	_____
PARTICIPANT SIGNATURE	DATE

Do not write below this line.

Approved by:	Date:
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