



## FaithCare Mission Project-Partnership Application

Please complete the form below (if necessary use additional page(s) to answer the questions below) and mail to the FaithCare office.

Applying for: Date(s):

\_\_\_\_\_

Program/site:

\_\_\_\_\_

### Information

Name/position of person filling out this form: \_\_\_\_\_

Name of church, organization, missions committee, synagogue or other: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country \_\_\_\_\_ Email: \_\_\_\_\_

Day Tel.: \_\_\_\_\_ Alt Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

1. Name a contact person from your church, organization, missions committee, synagogue or other. Include email, mailing address and telephone contact data.
2. If available provide us with a statement of faith from your organization.
3. Provide us with the location of the site including, country, state or village. (Attach a map if available.)
4. In chronological order please give us a reasonably full account of missionary activities your organization has been involved with at this location. Include, for example, locations, size of team, type of project, duration of project, number of participants and in-country partner or affiliation.

5. To the best of your ability provide a description of this location. We evaluate each location in order to determine if it accommodates what is necessary in order to set up a clinic, pharmacy, and operating room. (Please include photos if available.)
  - a) Does the location already have a clinic or a hospital?
  - b) How many patients are seen weekly and yearly?
  - c) How many surgeries are performed weekly and yearly?
  - d) Where does the funding for the clinic or hospital come from?
  
6. What are the provisions for security and crowd control?
  
7. Be sure to request a letter of invitation for the appropriate person/office inviting our team to the country.
  
8. Describe the accommodations for the team, include number of meals provided, the ability to provide bottled water for the team. Inform us of the availability of telephone or email from the location.
  
9. What are the expectations from our medical team?
  
10. The partnership commitment associated with inviting a medical team to participate in your mission project is between, \$10,000-\$20,000. (Depending on the location and length of the project which is usually 1-2 weeks.) This fee includes mission packs shipped from our warehouse as well as the cost of some of the medicine and supplies used for the trip. (Some supplies will be obtained in-country.) The commitment fee includes the airfare for the medical team leader to and from the location, administrative and warehouse fees. The sponsoring organization/church is expected to provide housing, water and food for the team. Team participants other than the team leader provide their own transportation and airfare to and from the airport. Any in-country transportation for the team will be provided the partner. Once the location and duration have been determined we will inform you of the fee associated with the project. It is often a good idea to co-sponsor a team with another diocese, group or organization.
  
11. After your application is received we will phone you to schedule an interview (either in person or via telephone) with our medical director or team leader.
  
12. *Other:*

*N.B. FaithCare is a non-denominational evangelical Christian organization that welcomes participation in our medical partnerships by those of other faiths. A statement of faith and individual trip participant applications are available on our website at: [www.FaithCare.net](http://www.FaithCare.net)*

I certify that all information in this application is factually true, complete, and honestly presented to the best of my ability.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_