



## International Service Project Application Form – 2023

Name/Location of Project: \_\_\_\_\_

**GENERAL INSTRUCTIONS:** This form can be used for any of the current Foundation Outreach International service projects. Be sure to review the Project Fact Sheet, including dates, exact locations, fees and where to send applications. Use a separate application form for each project.

**PERSONAL INFORMATION**

Applicant's name (print):	Last	First	Middle	Attach <b>Recent</b> Photo Here  <b>Note:</b> Application cannot be processed without a recent photo
Date of birth: _____/_____/_____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Address:				
City:		State:	ZIP:	
Hold valid passport? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number: (   )			
Work number: (   )	Email ( <b>print CLEARLY</b> ):			
Fax: (   )				
Shirt size: <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> X-Large				

Have you served as a staff member at one or more youth camps?    Yes    No

If yes, when, where and in what capacity? \_\_\_\_\_

**EDUCATION**

Highest degree attained (high school diploma, associate, bachelor's, master's, etc.): \_\_\_\_\_

Currently enrolled in a formal degree plan?    Yes    No   If so, what and where? \_\_\_\_\_

Have you studied any foreign languages?    Yes    No   If so, list and describe experience/proficiency to read, write and speak: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SKILLS / EXPERIENCE**

Please comment on any particular athletic or other skills—please comment on level of proficiency, as well:

SKILL	Proficiency	SKILL	Proficiency	SKILL	Proficiency
Swimming		Computer skills		Other:	
Volleyball		Teaching English		Other:	
Basketball		Rock climbing		Other:	
First aid/CPR		Soccer		Other:	

Project Application

Applicant's Initials: \_\_\_\_\_

**REFERENCES:** Please provide four references (including your pastor) who know you well:

Name	Address	Phone	Email
Pastor:			
#2			
#3			
#4			

**TRAVEL EXPERIENCE**

Previous international travel is not a prerequisite for acceptance, but it helps us plan if we know your level of international travel experience. Please list any international travel you have done and describe when, where and how long you stayed. Attach additional sheets if necessary.

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**MEDICAL HISTORY**

Check if you have ever had any of the following:

- Eyesight impairment
- Ear or hearing problems
- Severe menstrual pain
- Arthritis
- Diabetes
- Tuberculosis
- Mental or emotional disorders
- Chicken pox
- Measles
- Mumps
- German measles
- Abnormal blood pressure
- Intestinal disorders
- Rheumatic fever
- Hernia
- Hay fever or asthma
- Covid-19
- Other serious illness or disability: \_\_\_\_\_
- Heart disease
- Speech impairment
- Disorders of nervous system
- Sinusitis
- Disease of kidneys

**Immunizations**—Fill in the dates for any of the following immunizations you have had.

Immunization	Date last received	Immunization	Date last received
Covid-19		Hepatitis B	
Typhoid		Rabies	
TD (tetanus-diphtheria)		Polio	
DPT		Yellow fever	
Tetanus		Measles	
Chicken pox		Smallpox	
Rubella		Hepatitis A or immune globulin (IG)	

NOTE: Certain immunizations are **required** by various countries for entry. You will be given more details on which ones are required for travel to the project you selected. Also, other medications (for preventing malaria, for example) will be highly recommended as well—depending on the country in which the project is based .

Are you taking any medication or receiving medical care for a particular condition on an ongoing basis?  Yes  No

If yes, please explain (attach note if necessary):

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Please identify any illness, disability or any other condition or limitation that could affect your participation in the project (if none, please state):

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In order to participate, would you need special accommodations or equipment?  Yes  No If yes, please describe those special needs.

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The Applicant agrees to not hold Foundation Outreach International responsible for any such personal injuries. Exception: This provision shall not be construed to bar the Applicant from seeking the benefit of any appropriate insurance benefits or claims that may be available under Foundation Outreach International's insurance policies. However, it is strongly recommended that the Applicant have his or her own medical insurance protection. Severability clause: If any provision(s) of this document is (are) held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision(s) of this document is (are) invalid or unenforceable, but that by limiting or reforming such provision(s), the remaining provisions(s) of the document would become valid or enforceable, then such provision(s) shall be limited and reformed in such a way that the remainder of the provision(s) will survive and remain enforceable.

**Consent and Release Regarding Background Investigation and Character Evaluation:** The Applicant understands that Foundation Outreach International will investigate the background of all applicants prior to acceptance to a Project, and the Applicant agrees to allow any investigations to proceed. The Applicant hereby gives consent to any such background investigations of any variety. The applicant hereby consents to Foundation Outreach International searching for any information that pertains to any records of arrests, convictions or any criminal file(s) maintained on Applicant. Applicant hereby releases Foundation Outreach International and any of its employees, contractors or associates from any and all liability resulting from such investigations or disclosures that are the result of such background investigations. Applicant's consent extends, without limitation, to a search of the Applicant's background, criminal history, driving record and credit history. The Applicant consents to disclosure of any such background investigation results to any Foundation Outreach International volunteer, employee, contractor, officer, director or associate. The Applicant agrees to not sue Foundation Outreach International for any claim that might arise from the disclosure of any information derived from any of the described investigations into the Applicant's background. Further, the Applicant consents to Foundation Outreach International contacting the Applicant's minister or pastor and requesting that the Applicant's minister or pastor evaluate the Applicant in terms of the Applicant's character and background. The Applicant consents to said minister or pastor freely giving his evaluation or opinion regarding the Applicant's character and background, and the Applicant agrees to not sue Foundation Outreach International or said minister or pastor for anything related to said ministerial or pastoral evaluation of Applicant's character or background. The Applicant agrees to hold harmless and refrain from suing the following individuals or entities in connection with any investigations whatsoever into Applicant's background or criminal history: Foundation Outreach International, the Applicant's minister or pastor, and any contractor, associate or volunteer of Foundation Outreach International.

**Photo/Video Release:** Upon Applicant's signature on the application, Applicant hereby gives consent and permission to Foundation Outreach International for the nonexclusive use of any photos or videos taken of the Applicant (still or video) at the Project. All photos or videos taken of Applicant, together with any descriptions, including the Applicant's name (which may be used by Foundation Outreach International), shall be without any form of compensation to Applicant. The consideration for permission to use such photos or videos is the allowance of the Applicant to attend the Project. Any such pictures or videos may be used by Foundation Outreach International for any purpose, including promotional materials.

**No Compensation:** Applicant understands (unless otherwise specifically stated in the project description) that Applicant will be a volunteer without any expectation of compensation and that Applicant will be responsible for all the expenses related to the Project for which Applicant is accepted, including, without limitation, travel expenses, clothing, meals and lodging. Applicant will be responsible for complying with any passport and visa requirement of the country where Applicant is to serve.

By affixing my signature below, I, the Applicant, affirm that I have carefully read the details on all pages of this document, and I fully understand and agree to all terms, conditions, stipulations, consents, consequences and releases contained in this document.

X \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

**Who should be contacted in case of emergency?**

_____	_____	_____
Name/relation (print)	Phone and type (home, work, cell, etc.)	Alternate phone and type (home, work, cell)
_____	_____	_____
Name/relation (print)	Phone and type (home, work, cell, etc.)	Alternate phone and type (home, work, cell)
_____	_____	_____
Name/relation (print)	Phone and type (home, work, cell, etc.)	Alternate phone and type (home, work, cell)

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**TRAVEL WAIVER**

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I have logged onto the U.S. Department of State's website at <https://travel.state.gov> and read the "Travel Warning" (if any) for the country of the Project for which I am applying: \_\_\_\_\_; and I understand the risks that travel in this country might entail.

Note from Foundation Outreach International: *It is recommended that you have your own insurance protection* since all volunteers are involved in activities at their own risk.

I understand (unless otherwise specifically stated in the project description) that I will be a volunteer without any expectation of compensation and that I will be responsible for all the expenses related to the project for which I am accepted, including, without limitation, travel expenses, clothing, meals and lodging. I will be responsible for complying with any passport and visa requirement of the country where I am to serve.

By affixing my signature below, I, the Applicant, affirm (and reaffirm) that I have carefully read the details on all pages of this document, and I fully understand and agree to all terms, conditions, stipulations, consents, consequences and releases contained in this document.

X \_\_\_\_\_  
Applicant

Date \_\_\_\_\_

**Application Deadline for English Projects: April 14, 2023**

Scan and EMAIL the completed application before the deadline date to:

[doug.horchak@cogwa.org](mailto:doug.horchak@cogwa.org)

ALSO—please mail original copy to:

**Doug Horchak**  
**c/o Foundation Outreach International**  
**3701 Medical Center Dr.**  
**McKinney, TX 75069**