|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Information** | | | | | | | | | | | | | | | | |
| **Name on Passport:** | | | |  | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | | |
| **City:** | | | |  | | | **State:** | |  | | | **Zip:** | |  | | |
| **Home Phone:** | | | |  | | | **Cell Phone:** | | | |  | | | | | |
| **Work Phone:** | | | |  | | | **Fax:** | | | |  | | | | | |
| **Email:** | | | |  | | | | | | | | | | | | |
| **Age:** |  | | | **Gender:** | **M F** | | **Date of Birth:** | | | | |  | | | | |
| **Passport #:** | | | |  | | | **Expiration Date:** | | | | |  | | | | |
| **Closest International Airport:** | | | | | |  | | | | | | | | | | |
| **Profession:** | | | |  | | | **Shirt Size:** | | | | |  | | | | |
| **Trip of Interest:** | | | |  | | | **Year:** | | | | |  | | | | |
| **Emergency Information** | | | | | | | | | | | | | | | | |
| **Contact Name:** | | |  | | | | **Cell Phone:** | | |  | | | | | | |
| **Address:** | | |  | | | | | | | | | | | | | |
| **Church Information** | | | | | | | | | | | | | | | | |
| **Name of Church:** | | | |  | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | | |
| **City:** | | | |  | | | **State:** | |  | | | **Zip:** | |  | | |
| **Phone:** | | | |  | | | **Fax:** | | | | |  | | | | |
| **Email:** | | | |  | | | | | | | | | | | | |
| **Pastor:** | | | |  | | | | | | | | | | | | |
| **Phone:** | | | |  | | | | | | | | | | | | |
| **Email:** | | | |  | | | | | | | | | | | | |
| **References** | | | | | | | | | | | | | | | | |
| **Name 1:** | | | |  | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | | |
| **City:** | | | |  | | | **State:** | |  | | | **Zip:** | | |  | |
| **Phone:** | | | |  | | | **Cell:** | | | | |  | | | | |
| **Email** | | | |  | | | | | | | | | | | | |
| **Name 2:** | | | |  | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | | |
| **City:** | | | |  | | | **State:** | |  | | | **Zip:** | | |  | |
| **Phone:** | | | |  | | | **Cell:** | | | | |  | | | | |
| **Email** | | | |  | | | | | | | | | | | | |
| **Education** | | | | | | | | | | | | | | | | |
| **Degree** | |  | | | | **School** | |  | | | | | **Year** | | |  |
| **Degree** | |  | | | | **School** | |  | | | | | **Year** | | |  |
| **Degree** | |  | | | | **School** | |  | | | | | **Year** | | |  |
| **Degree** | |  | | | | **School** | |  | | | | | **Year** | | |  |
| **General Health** | | | | | | | | | | | | | | | | |
| **Condition:** | | POOR  GOOD  VERY GOOD | | | | | | | | | | | | | | |
| **Medicines:** | |  | | | | | | | | | | | | | | |
| **Allergic Reactions:** | |  | | | | | | | | | | | | | | |

**THE APPLICATION QUESTIONS ARE MEANT TO HELP ORH PROPERLY GIVE YOU THE CORRECT GUIDANCE AS TO PARTICIPATION WITH A MEDICAL TEAM. IF YOU CHOOSE NOT TO ANSWER, ORH WILL NOT COMPEL YOU TO ANSWER.**

**H**

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| --- | --- | --- | --- | --- |
| **Application Questions** | | | | |
| Have you had surgery or been hospitalized within the last year? | | | | Y  N |
| Do you have heart trouble? | | | | Y  N |
| Do you have allergic reactions requiring immediate attention? | | | | Y  N |
| Do you have allergic reactions to insect stings? | | | | Y  N |
| Do you have diabetes? | | | | Y  N |
| Do you have life threatening health problems requiring close monitoring? | | | | Y  N |
| Do you have a debilitating health problem requiring hospitalization? | | | | Y  N |
| Do you have health problems requiring special treatment? | | | | Y  N |
| Do you have a problem with seizures? | | | | Y  N |
| Do you have problems with diagnosed with depression? | | | | Y  N |
| Are you currently taking medication for depression? | | | | Y  N |
| Are you pregnant at this time or will you be pregnant at the time of travel? | | | | Y  N |
| Do you take medicine to thin the blood? | | | | Y  N |
| Have you ever attempted suicide? | | | | Y  N |
| Do you have problems with fainting? | | | | Y  N |
| Have you ever lost track of time or lost knowledge of who you are | | | | Y  N |
| Have you had episodes of sea sickness or fear of being on the water? | | | | Y  N |
| Can you swim? | | | | Y  N |
| Have you had episodes of motion sickness? | | | | Y  N |
| Do you have problems with traveling by air? | | | | Y  N |
| Do you have phobias that cause some type of panic reaction? | | | | Y  N |
| Have you been arrested for any reason? | | | | Y  N |
| Have you ever broken the law and been prosecuted? | | | | Y  N |
| Have you ever been convicted of a crime? | | | | Y  N |
| Have you ever been charged with DUI? | | | | Y  N |
| Have you ever had an episode of violent behavior? | | | | Y  N |
| Have you ever been investigated for child abuse or domestic violence? | | | | Y  N |
| Have you ever been investigated for child pornography? | | | | Y  N |
| Have you ever been investigated for child molestation? | | | | Y  N |
| Have you ever hurt someone in anger? | | | | Y  N |
| Have you ever been expelled from a school? | | | | Y  N |
| Are you presently being sued for malpractice? | | | | Y  N |
| Have you ever been sued for malpractice? | | | | Y  N |
| Do you use illegal drugs or legal drugs illegally? | | | | Y  N |
| Do you use Tobacco in any form? | | | | Y  N |
| Do you drink any type of alcoholic beverage? | | | | Y  N |
| Do you use profanity? | | | | Y  N |
| Do you attend church regularly? | | | | Y  N |
| Are you willing to pay your own expenses for medical trips? | | | | Y  N |
| Are you able to endure discomfort, poor food, rough ocean travel, and air flights? | | | | Y  N |
| Can you work with teen-age student trainees? | | | | Y  N |
| **Salvation Testimony** | | | | |
|  | | | | |
| **Instructions** | | | | |
| This application must be returned as an email attachment to [jan@teamorh.org](mailto:jan@teamorh.org) and [djones@teamorh.com](mailto:djones@teamorh.com).  If you are a medical professional, please copies of the following:  1. color copy of all medical degree diplomas.  2. any certificates.  3. current license(s).  4. documents concerning your academic or professional accomplishments.  All applicants must send a color copy of the photo page of your passport.  ORH must receive a completed Medical and Liability Release Form when requested prior to travel. Directions for submission must be followed as outlined on the form.  ORH requires that you read and agree to abide by the Standard Clinic Operations Procedures manual.  No person may consider themselves approved for travel with ORH unless all requested documents including this application are submitted, on file, verified, and approved by ORH.  Applicants will receive an email informing them of their approval to engage with ORH. No person may assume they are approved until they have notification. Thank you for your prompt attention to these matters | | | | |
| **Signature** | | | | |
| Thank you for requesting this application. Pray that God will lead our work together.  I confirm by my signature that the information I have given in this application is truthful and accurate. | | | | |
| **Signature:** |  | **Date:** |  | |
| **Parent:** |  | **Date:** |  | |
| **A parent must sign the application if the applicant is below 18 years of age.** | | | | |