



Team Application

Operation Serve International

PLEASE PRINT

Date of Application: _____

Country: ☐ Mexico ☐ Egypt

Trip Date: _____

Team Coordinator: _____

Personal Information:

At the time of travel you will be a(n) ☐ Minor ☐ Adult

Name (as on passport):	Male	Female	Spouse:
Preferred Name:	Date of Birth:		Marital Status:
Address:			<input type="radio"/> Single
City:	State:	Zip Code:	<input type="radio"/> Married
Cell Phone:	Home Phone:		<input type="radio"/> Engaged
E-Mail Address:	Occupation:		Widowed
Nearest Airport:	Citizenship:		<input type="radio"/> Divorced

Church Information:

Church Name:	Senior Pastor/Priest Name:		
Church Address:	Church Telephone:		
City:	State:	Zip Code:	Affiliation:
Church Website:	Church E-mail Address:		
Local Church Outreach and/or Volunteer Activities:			
1.		3.	
2.		4.	

Have you been on a mission trip before? ☐ Yes ☐ No

If yes, What ministry, when, and where? _____

Specialized Training/Education:

Are you a College Student? _____ What year will you graduate? _____

What College do you attend? _____ What is your Major? _____

List Degrees and any Specialized Trainings you have received: _____

How did you hear about OSI? ☐ Church ☐ Friends ☐ Internet ☐ OSI Staff ☐ Other _____

What year did you accept Jesus as your Lord and Savior? _____

Please describe when you accepted Jesus as your personal Lord and Savior:

Please describe your relationship with the Lord over the last 6 months:

Confidential Information:

Have you ever had problems with government or police at home or abroad?	Yes	No
Are you currently under church discipline or receiving any ongoing counseling?	Yes	No

If you answered YES to either of these questions, please explain:

Rooming:

List names of requested roommates. Final rooming will be assigned by OSI staff. Single rooms are an additional \$300 per week and are subject to availability.

1. _____ 2. _____

Your T-shirt Size: Small Medium Large X-Large 2X-Large 3X-Large

Preferred Ministry Area:

Children's Ministry	Dental	Hair Care	Other _____
Musician	Medical	Handy Work	_____
Translation	Optical	Where Needed Most	_____

Passport:

Passports are required for all travel. Check your passport expiration date, if it expires less than 6 months before your return date you will need to renew it before you can travel.

Do you have a valid passport?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Process	Passport Number:
Issue Date:	Expiration Date:	State of Birth:

Emergency Contact:

Name:	Relationship:	
Address:		
City:	State:	Zip Code:
Cell Phone:	Home Phone:	Other:

Medical Insurance:

Do you have medical Insurance that covers accident/injury outside of the U.S.? Yes No

If **YES**, what is the name of you Insurance Company and your Policy Number?

If **NO**, you are required to obtain medical insurance prior to travel. We recommend purchasing Travel Insurance for your trip.

Do you have any other health conditions we should be aware of? _____

Do you have any Food/Medication allergies? _____

Do you have any physical limitations? _____

Please be as forth coming as possible with your answers. All information is kept private and is only given to medical professionals for the treatment of illness/injury while you are on the field. Your signature is required on the Medical Release of Liability to confirm your understanding and agreement with the statements made.

Existing/Pre-Existing Medical Conditions (check all that apply):

COVID-19 (Date: _____)	List any long/short term side effects:
Heart Attack (Date: _____)	Heart Disease
Stroke (Date: _____)	Blood Clots
High/Low Blood Pressure	Crones Disease
Asthma	Cancer
Diabetes	History of Seizures
I have had Measles	I have had Chicken Pox

List of Prescription Medications, it is important for us to know all of your medications so we can properly treat you if you become ill/injured while serving with us (use a separate sheet if necessary):

Medication:	Dose:	Frequency:
Medication:	Dose:	Frequency:
Medication:	Dose:	Frequency:
Medication:	Dose:	Frequency:

Have you received the COVID vaccine? Yes No Date received:
Do you plan on getting the COVID vaccine before your mission trip? Yes No

Operation Serve International Short Term Missionary Application

Name: _____

Trip Date: _____

Consent for Medical Treatment and Release of Liability:

I hereby agree to the performance of any medical treatment, including anesthetics, deemed necessary by the attending physician in the event that I am unable to make these decisions for myself.

I hereby release Operation Serve International and all persons affiliated with this ministry from any liability arising from any injury, illness, damage, or loss which may be sustained by me during my course of involvement with a short term mission's trip. I also release Operation Serve International from any liability for health impairment or bodily injury as a result of any pre-existing health condition. I will be responsible for monitoring and managing all aspects of any preexisting condition.

I hereby agree to repay any expenses that Operation Serve international incurs on my behalf for the treatment of any injury/illness.

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

(Legal guardian signature is required if Applicant is under 18 years of age)

Statement of Faith

We believe the Bible to be the inspired and the only infallible, authoritative Word of God.

We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.

We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.

We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.

We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.

We believe in the spiritual unity of believers in our Lord Jesus Christ.

Honor Code

The Bible admonishes us to be God's ambassadors on earth. While on the mission field we are ambassadors for the lord Jesus Christ. Every move we make, every word we say is counted in the Kingdom of God.

Therefore, Operation Serve team members are expected to abide by biblical standards of holiness. Also, team members are expected not to use drugs (except under a doctor's prescription), tobacco, alcohol, or profanity. They will also abstain from sexual impurity and uphold a Christ-like standard.

Attestation:

I hereby certify that I have read the Statement of Faith and Honor Code of Operation Serve international. I further certify that I will submit myself to the Guidelines and Leadership of Operation Serve international.

The Statements I have made on this application are true to the best of my ability. I agree that any statements, photographs, videotaped material, and any other media item can be used for promotional material by Operation Serve International. This includes, but is not limited to: newsletters, brochures, internet, and displays.

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

(Legal guardian signature is required if Applicant is under 18 years of age.)

Your non-refundable \$25 application fee should be submitted with this form. Upon acceptance of your application, you will receive a packet of training materials and confirmation of your travel date. You will also receive an OSI shirt that you are to wear as you travel for identification at the airport.

Thank you for joining with us in serving the poor throughout the world!

PO Box 18070 * Fairfield, Ohio 45018 * Phone: 513-939-2000 * info@operationserve.org www.operationserve.org