



PO Box 323
Elizabethtown PA 17022
Ph. 717-546-0208 www.FIAintl.org

Please attach a recent photo of yourself here.

Volunteer Application

Dear Friend:

We are excited about your interest in joining Friends in Action (FIA) International. This application is designed to help us get acquainted with you. Please type or print clearly in black ink to complete the application. After we have received your completed application and references, we will contact you.

CONFIDENTIAL

Name _____
Title First Middle Last Maiden

Spouse _____
Title First Middle Last Maiden

Address _____

City _____ State _____ Zip _____ Phone (____) _____

E-mail _____ Cell (____) _____

Male Female Marital status Single Engaged Married Widowed
 Divorced Divorced & Remarried Date of Marriage _____

How did you hear about Friends in Action?

- Friends in Action Web Site
- Friends in Action Missionary (Name) _____
- Friends Representative (Name) _____
- Other (Name) _____

STATEMENT OF HEALTH INSURANCE AND RESPONSIBILITY WAIVER

HEALTH INSURANCE (REQUIRED)

I certify I have personal health insurance which will provide coverage for me/my spouse/my children during the duration of said mission.

Name of Policy Holder _____

Insurance Company _____

Group Number _____ Policy # _____ Phone _____

EMERGENCY CONTACT & HEALTH PROFILE

Name: _____ Phone: _____
 Birth Date: _____ Height: _____ Weight: _____ Sex: _____ Blood Type: _____

In case of emergency, please notify: _____
 Relationship: _____ Phone: _____
 Address: _____
 Doctors Name: _____
 Office Phone: _____ Emergency Phone: _____

Current Medications: _____
 Does your insurance cover accident and injury? Yes No
 Does your insurance cover you in a foreign country? Yes No
 Does your insurance cover medical evacuation? Yes No

Medical History

Do you have or have you had any of the following conditions?

	Have/Had		Have/Had		Have/Had		Have/Had
Asthma	___/___	Epilepsy	___/___	High Blood Pressure	___/___	Pain in Joints	___/___
Back Problems	___/___	Fainting Spells	___/___	Kidney Problems	___/___	Rheumatic Fever	___/___
Cancer	___/___	Gallbladder	___/___	Malaria	___/___	Shortness of Breath	___/___
Diabetes	___/___	Heart Disease	___/___	Neuritis	___/___	Thyroid	___/___
Dizzy Spells	___/___	Hernia	___/___	Pain in Chest	___/___	Tuberculosis	___/___
						Venereal Disease	___/___

Do you have allergies to: Penicillin _____ Serum _____ Sulfonamides _____ Foods (specify) _____
 Bee sting _____ Other _____ Please specify _____

Date of last Tetanus Immunization: _____
 Please list any recent surgery, serious illness or hospitalization: _____

Are you currently receiving medical treatment or are under medical observation? Yes No

Have you ever used the following?

Alcoholic Beverages: Yes No For how long? _____
 Illegal or Hallucinatory Drugs: Yes No For how long? _____
 Prescription Tranquilizers: Yes No For how long? _____

Have you had any exposure to Hepatitis B, HIV/AIDS or any such disease? Yes No

Do you have any convictions against taking preventive medicines, such as anti-malarial, etc.? Yes No

Do you have any other limitations or other significant health conditions which might affect your missionary service, or of which you think Friends in Action should know about? Yes No

Have you ever been treated for, or are you now suffering from emotional difficulties? (such as depression, anxiety phobias, etc.) Yes No

Please explain any of the above, using a separate sheet of paper if necessary. _____

Have you ever been involved in homosexual activity? Yes No

I affirm that the information above is true and complete to the best of my knowledge, and I hereby release Friends in Action International and all persons associated with this organization in the US and abroad from any liability for health impairment or bodily injury as the result of pre-existing health conditions. I, myself, will be responsible while on a Friends in Action project for monitoring and managing all aspects of any pre-existing condition.

Signed _____ Date _____
 (Parent Signature if under 18 years of age) _____ Date _____

SKILLS PROFILE

Indicate Level of Skill with Number:

1 – Hobby 2 – Limited Experience 3 – Much Experience 4 – Occupation 5 – Professional

<input type="checkbox"/> Auto Mechanic <input type="checkbox"/> Truck Driver <input type="checkbox"/> Carpenter <input type="checkbox"/> Builder <input type="checkbox"/> Cabinet Making <input type="checkbox"/> Construction Work <input type="checkbox"/> Dry Wall <input type="checkbox"/> Electrical Work <input type="checkbox"/> Cement <input type="checkbox"/> Masonry <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Logging Equipment <input type="checkbox"/> Sawmill <input type="checkbox"/> Handyman (general) <input type="checkbox"/> Custodial <input type="checkbox"/> Warehouse Work <input type="checkbox"/> Shipping/Containers <input type="checkbox"/> Machine & Appliance <input type="checkbox"/> Physical Plant <input type="checkbox"/> Metal Work <input type="checkbox"/> Welding <input type="checkbox"/> Heating <input type="checkbox"/> Ventilation <input type="checkbox"/> Air condition <input type="checkbox"/> Plumbing <input type="checkbox"/> Landscaping <input type="checkbox"/> Lawn Care	<input type="checkbox"/> Flowers & Shrubs <input type="checkbox"/> Painting <input type="checkbox"/> Food Service Management <input type="checkbox"/> Food Service Work <input type="checkbox"/> Cooking & Baking <input type="checkbox"/> Sewing <input type="checkbox"/> Hospitality <input type="checkbox"/> Dentistry <input type="checkbox"/> Doctor <input type="checkbox"/> Nursing <input type="checkbox"/> Nutrition/Dietary <input type="checkbox"/> X-ray Technician <input type="checkbox"/> Computer Operations <input type="checkbox"/> Systems Analysis <input type="checkbox"/> Consulting <input type="checkbox"/> Computer Repair <input type="checkbox"/> Desktop Publishing <input type="checkbox"/> Publishing <input type="checkbox"/> Printing <input type="checkbox"/> Graphic Art/Design <input type="checkbox"/> Film/AV Production <input type="checkbox"/> Journalism <input type="checkbox"/> Writing <input type="checkbox"/> Editing <input type="checkbox"/> Office Clerk <input type="checkbox"/> Receptionist <input type="checkbox"/> Secretarial	<input type="checkbox"/> Typing <input type="checkbox"/> Data Entry <input type="checkbox"/> Bulk Mailing <input type="checkbox"/> Accounting <input type="checkbox"/> Administrative <input type="checkbox"/> Administrative Assistant <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Operations Management <input type="checkbox"/> CPA <input type="checkbox"/> Comptroller <input type="checkbox"/> Purchasing <input type="checkbox"/> Facility Management <input type="checkbox"/> Financial Development <input type="checkbox"/> Marketing <input type="checkbox"/> Teacher <input type="checkbox"/> Community Development <input type="checkbox"/> Surveying <input type="checkbox"/> Speech <input type="checkbox"/> Photography <input type="checkbox"/> Radio & Ham or <input type="checkbox"/> Broadcast <input type="checkbox"/> Lawyer <input type="checkbox"/> Architecture <input type="checkbox"/> Engineering Civil <input type="checkbox"/> Engineering Electrical <input type="checkbox"/> Engineering Mechanical <input type="checkbox"/> Engineering Radio <input type="checkbox"/> Engineering Project <input type="checkbox"/> Avionics <input type="checkbox"/> Pilot
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Further explanation on above skills: _____

Other interests/skills: _____

DOCTRINAL STATEMENT

We believe:

1. In the word-by-word inspiration, inerrancy, and final authority of the Holy Scriptures.
2. In one God, eternally existing in three persons: Father, Son and Holy Spirit.
3. In the Lord Jesus Christ as true God and true man; His virgin birth, sinless humanity, substitutionary death, bodily resurrection, present advocacy, and His bodily return.
4. In the fall of man, resulting in his complete and universal separation from God and his need of salvation.
5. That the Lord Jesus Christ shed His blood and died as a sacrifice for the sins of every person in the whole world.
6. That salvation is a free and everlasting gift of God, entirely apart from works, received by personal faith in the Lord Jesus Christ.
7. That the Holy Spirit regenerates with divine life and personally indwells the believer upon faith in Christ for salvation.
8. In the bodily resurrection and unending life of the saved with the Lord and the bodily resurrection and unending punishment of the unsaved.
9. The church, beginning at Pentecost, is the body of Christ comprised of those who have trusted Jesus Christ as Savior.
10. It is the church's responsibility to glorify Christ by preaching the gospel to the world and making disciples of all nations.

Any person who is sound in the faith and in all fundamental truths, will be accepted irrespective of race, color, and national or ethnic origin.

ACKNOWLEDGEMENT

YOUR SIGNATURE BELOW INDICATES THE FOLLOWING:

- * All the information I have provided is true to the best of my knowledge.
- * I have read Friends in Action Intl. doctrinal statement and agree to respect it in all regards. I will not propagate convictions contrary to those in the statement during my time with Friends in Action Intl.
- * I am willing to faithfully carry out my assignment and to cooperate in every way possible. I will accept and respect the decisions and authority of the mission leaders and abide by the rules of the mission. If I have a cause for complaint or a difference of opinion, I will bring it at once to the mission leadership instead of to others who may not be able to help me.
- * I will not hold Friends in Action Intl. liable for injury while under the auspices of Friends in Action Intl.
- * Upon completion of this application, you will electronically receive the Friends in Action International newsletters. To receive a paper copy of the FIA newsletter or to opt out of receiving future newsletters please put your request in an email to FIA-USA@fiintl.org

Applicant's Signature _____ **Date** _____

Please return completed application to:

Friends in Action International
Attn: Personnel Department, Confidential
PO Box 323
Elizabethtown, PA 17022