



Hungry For Life
INTERNATIONAL



BEACH CORNER CHURCH

International Trip Application

GENERAL INFORMATION FORM

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**FILL OUT ALL APPLICABLE FORMS AND SUBMIT TO BEACH CORNER CHURCH
OR PRINT AND GIVE TO YOUR TEAM LEADER ALONG WITH A CLEAR PHOTOCOPY OF PAGES 2
AND 3 OF YOUR PASSPORT. APPLICATION DEADLINE IS DECEMBER 16TH, 2018.**

Trip Location:

GENERAL INFORMATION

Church or Group:

Trip Dates:

to

Name (FIRST, LAST):

Birthdate:

Sex:

MALE

FEMALE

Address (STREET/CITY/PROVINCE/POSTAL CODE):

Home Phone:

Alternate Phone:

CELL

WORK

Email Address:

PASSPORT INFORMATION

Name as shown on passport:

Country of Citizenship:

Canada

Other

If other, please specify:

Passport Number:

Expiry Date:

(ensure that your passport is valid until a minimum of 6 months after the trip's scheduled return date and remember to include a clear, colour photocopy of pages 2 and 3 with this application form)

OTHER INFORMATION

Occupation:

Employer:

Time spent at current company:

Languages spoken:

First Aid or medical experience qualifications:

Other areas of expertise:

Family members accompanying you on this trip:

Name:

Relationship:

Name:

Relationship:

Name:

Relationship:

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GENERAL QUESTIONS

List your personal strengths and skills useful for this project/trip:

List your weaknesses:

Explain why you would like to participate in this project/trip:

Explain how you feel you will be able to further the objectives of this project/trip:

List some personal goals you would like to accomplish by participating in this project/trip:

List previous international experience:

Where: What: When:

Where: What: When:

List your spiritual/religious belief:

If you attend a church please list which one:

Have you ever been convicted of any criminal offense in any country? YES NO

DECLARATION

I declare by my signature below that:

I am willing to participate in the project activities by 'spending myself on behalf of the hungry.'

I am willing to submit to the authority of the HFL staff member and agree to work harmoniously with my team to accomplish the objectives of the project. I desire to be culturally sensitive to the people we serve.

I understand that due to circumstances outside of Hungry For Life's control, I, or any other individuals, cannot be refunded for funds given for this trip.

I understand that all on-field communication is strictly limited and will flow through the HFL office while I am away.

I give HFL permission to use for promotional purposes, any photographs and video footage taken of me, as well as any of my spoken and written words. If I choose to share photos and videos that I have taken, I give HFL permission to use them for promotional purposes.

I will consult a physician regarding travel health precautions and vaccinations.

Print name:

(PARENT OR GUARDIAN OF APPLICANT UNDER 19)

I acknowledge that the above information is true and accurate.

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EMERGENCY CONTACT & MEDICAL FORM

GENERAL INFORMATION

Church or Group: _____ Trip Dates: _____ to _____

Name of Applicant: _____ Birthdate (MM/DD/YYYY): _____

Home Phone: _____ Alternate Phone: _____ CELL _____ WORK _____

Doctor's Name: _____ Doctor's Phone: _____

Medical Card Number: _____ Province Issued: _____

EMERGENCY CONTACTS

PLEASE ENSURE THAT THE FOLLOWING EMERGENCY CONTACTS ARE AVAILABLE DURING THE TRIP.

Name: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____ CELL _____ WORK _____

Email Address: _____

Name: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____ CELL _____ WORK _____

Email Address: _____

MEDICAL INFORMATION

Are you taking any prescription medications? NO YES If so, please describe below:

MEDICATION	MEDICAL CONDITION OR REASON FOR USE
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Do you have any other medical conditions that you are not taking prescription medication for?
No Yes If yes, please list conditions:

Do you have any allergies or dietary requirements? NO YES (specify below):

(BE SURE TO BRING YOUR OWN ALLERGY MEDICATION AND PRESCRIPTION DRUGS
IN THEIR ORIGINAL CONTAINERS)

DECLARATION

I declare by my signature below that:

All information is correct and I have disclosed all known medical conditions.
I have read the "Medical Insurance: What's not covered" document on the next page
and understand the limitations of my medical insurance coverage.

Print name:

I acknowledge the above information is true and accurate.

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MEDICAL INSURANCE: WHAT'S NOT COVERED

I - Exclusion Related To Your Pre-Existing Medical Condition

THIS INSURANCE DOES NOT PAY FOR ANY EXPENSES INCURRED DIRECTLY OR INDIRECTLY AS A RESULT OF:

- 1 Your medical condition or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before you depart on your trip, your medical condition or related condition has not been stable.
- 2 Your heart condition (whether or not the diagnosis has been determined), if at any time in the 90 days before you depart on your trip:
 - a) any heart condition that has not been stable; or
 - b) you have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- 3 Your lung condition (whether or not the diagnosis has been determined), if at any time in the 90 days before you depart on your trip:
 - a) any lung condition has not been stable; or
 - b) you have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

II - General Exclusions

THIS INSURANCE DOES NOT COVER ANY LOSS, CLAIM OR EXPENSE OF ANY KIND CAUSED DIRECTLY OR INDIRECTLY FROM:

- 1 Any medical condition if any answer provided in your medical questionnaire is incorrect, in which case the policy is voidable and the premium paid is refundable at our option.
- 2 The continued treatment, recurrence or complication of a medical condition or related condition, following emergency treatment of that condition during your trip, if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that you were medically able to return to your home country and you chose not to return.
- 3 The treatment of any heart or lung condition, following emergency treatment for a related or unrelated heart or lung condition during your trip, if the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that you were medically able to return to your home country and you chose not to return.
- 4 Your intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
- 5 Your commission of a criminal act or your direct or indirect attempt to commit a criminal act.
- 6 Any medical condition arising from, or in any way related to, your chronic use of alcohol or drugs whether prior to or during your trip.
- 7 Your abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during your trip.
- 8 Your mental or emotional disorders.
- 9 Any treatment that is not emergency treatment.
- 10 Your participation as a professional athlete in a sporting event.
- 11 Your participation in rock climbing or mountain climbing.
- 12 Your participation in a motorized race or motorized speed contest.
- 13 Any medical condition if you undertake your trip with the prior knowledge that you will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the medical condition.
- 14 A medical condition for which future investigation or treatment (except routine monitoring) is planned before your effective date.
- 15 A medical condition for which it was reasonable to expect treatment or hospitalization during your trip.
- 16 The following:
 - a) Routine pre-natal care,
 - b) a child born during your trip,
 - c) pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery.
- 17 Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before your effective date.
- 18 Treatment or surgery for a specific condition, or a related condition, which:
 - a) had caused your physician to advise you not to travel; or
 - b) you contracted in a country during your trip when, before your effective date, a written formal travel warning was issued by the Department of Foreign Affairs and International Trade of the Canadian government, advising Canadians not to travel to that country, region or city.
- 19 Any portion of the benefits that require prior authorization and arrangement by Assured Assistance Inc. if such benefits were not pre-authorized and arranged by Assured Assistance Inc.
- 20 Any medical condition, if the medical advisors of Assured Assistance Inc. recommend that you return to your country of residence following your emergency treatment, and you chose not to return.
- 21 War (declared or not), act of foreign enemies or rebellion.
- 22 Ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- 23 Any portion of benefits up to the amount of your deductible per covered claim, if you have chosen a deductible option. You will be responsible for the deductible for each claim, and we will apply this deductible to any claim covered under this insurance in excess of your government health insurance plan coverage.

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CODE OF CONDUCT

Hungry For Life International exists to inspire spiritual vibrancy through worldwide compassion. Our international host partners may have a different worldview and cultural context than what we have in the developed Western world. It is possible that my views may differ than that of our host partners. Out of love, respect and care for our hosts and the people we are serving, I agree to the following Biblical standards of behavior and customs while participating in a Hungry For Life facilitated trip:

> I commit myself to love and serve others(1). This includes respect for all people regardless of race, gender, social status or stage of life, which precludes harming another person physically, emotionally or verbally; and instead means enriching others, showing compassion, demonstrating humility and patience, and considering the interests of others ahead of my own interests.

> I commit myself to refrain from criminal violence(2), drunkenness(3), profane language(4), involvement in the occult(5), premarital sex(6), living common law(7), adultery(8), homosexual behaviour(9) and dishonest practices such as cheating(10) and stealing(11).

> I commit myself to maintain the highest ethical standards and honesty(12). I will make lifestyle choices with a high level of consideration for those around me(13). I will maintain discreet inoffensive behavior in relationship to the opposite sex(14), and will abstain from the use of illegal drugs, marijuana, tobacco or alcohol(15).

> I commit myself to be respectful of the beliefs of a field partner, even if their teachings go against my personal, cultural or spiritual beliefs.

> I am in agreement with this Code of Conduct and agree to submit to these disciplines for the duration of the trip.

- | | |
|--|--|
| 1 > JOHN 13:34,35; 1 CORINTHIANS 13; PHILIPPIANS 2:1-8 | 9 > LEVITICUS 18:22;20:13; 1 CORINTHIANS 6:9-11; |
| 2 > ROMANS 13:8-10 | ROMANS 1:24-32 |
| 3 > 1 CORINTHIANS 6:10; GALATIANS 5:21 | 10 > LEVITICUS 6:2-7 |
| 4 > COLOSSIANS 3:8 | 11 > EXODUS 20:15; EPHESIANS 4:28 |
| 5 > DEUTERONOMY 18:9-14; GALATIANS 5:19-20 | 12 > MATTHEW 23:25-28 |
| 6 > 1 THESSALONIANS 4:1-8 | 13 > 1 TIMOTHY 4:12 |
| 7 > HEBREWS 13:4 | 14 > 1 CORINTHIANS 6:12-20 |
| 8 > EXODUS 20:14,17; 1 CORINTHIANS 6:9-11 | 15 > ROMANS 14 |

DECLARATION

Your signature indicates your understanding of, and compliance with the above code of conduct for yourself, and any minor children accompanying you on this trip.

Print name:

I have read the above policy and agree to comply with the code of conduct and I have informed any minor children.

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CRISIS POLICIES

Crisis Management

It is the policy of Hungry For Life that in the event any of its members, their families, or its facilities are threatened by a significant crisis, a Crisis Management Team will be formed to handle the crisis through resolution and follow-up.

Ransom and Extortion

It is the policy of Hungry For Life that ransom or other extortion should not be paid. If at all possible, alternative resolutions that do not involve payment of ransom or extortion should be sought during negotiations. The final decision on the payment of ransom or extortion, or the concession to other demands issued through hostage taking or extortion shall be made by the Crisis Management Team.

Evacuation

It is the policy of Hungry For Life that the decisions to evacuate a particular area shall be made by the Crisis Management Team. If the emergency is sudden and normal communication to the Crisis Management Team are not possible, the Hungry For Life team leader may make the decision to evacuate if he/she feels that it would be unsafe to remain.

Post-Crisis Counseling

It is the policy of Hungry For Life that those personnel who have been directly involved in a crisis receive an opportunity to debrief with the Hungry For Life team leader, and/or Crisis Management Team. If necessary, HFL will provide the means to an evaluation from a qualified mental health professional. Any further professional treatment recommended may be pursued at the cost of the individual seeking counseling.

DECLARATION

I declare:

I have read the above policy statements.

I understand and accept these statements of Hungry For Life for operational approach to crisis management.

I further give Hungry For Life permission to handle all negotiations on my behalf in the event that I am involved in a crisis situation, and to make any necessary decisions to insure the well-being of myself and/or my family.

Print name:

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PROJECT WAIVER OF RIGHT AND RELEASE

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As a relief organization that completes overseas projects, and given that dangers abound in the world we live in, Hungry For Life ("HFL") realizes that there are inevitable risks to staff and volunteers. These risks include serious physical injury, disease and even death. Some of our projects are based in countries with political situations that can become unstable or hostile to Westerners or Christians very rapidly, possibly resulting in temporary detention, even when no law has been broken. The potential for injury may be aggravated in some countries by primitive living conditions or health facilities. Moreover, the technology and wealth needed for modern means of transportation and communication may not be available at certain project locations, as most projects are located in developing nations.

HFL prayerfully seeks wisdom and knowledge in providing guidance for volunteers involved in HFL projects. Policies and procedures are specifically planned to reasonably anticipate need for protection of the health and safety of the staff and volunteers participating in projects. The leadership staff associated with each project has been carefully chosen and will exercise the wisdom and knowledge God has given them. Nevertheless, all matters are in the hands of the Lord and HFL cannot anticipate or plan for all risks.

PLEASE
READ
CAREFULLY

THIS IS A LEGAL DOCUMENT. BY SIGNING THIS DOCUMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE. YOU ARE ALSO ASSUMING CERTAIN OBLIGATIONS. DESPITE PRECAUTIONS TAKEN, ACCIDENTS AND UNFORTUNATE CIRCUMSTANCES OCCUR AND THEREFORE THIS AGREEMENT MUST BE SIGNED.

Without restricting the generality of the foregoing, I agree as follows:

I, _____ have of my own volition, requested that I be allowed to participate in a Hungry For Life Project/Trip in _____ (name of country) from _____ (START DATE) to _____ (END DATE).

I understand there are inevitable risks involving, among other things, natural disasters, changes in political situation, different and primitive living, working and healthcare facilities, uncertain transportation and communication facilities, and possible acts of terrorism or war. In accordance with the privilege of demonstrating the compassion of Jesus Christ through participation in the trip referred to herein, I agree to the following:

I accept full responsibility for all risks of injury to my person or property, and even death in any way related to, traveling to or from or participating in the trip. I hereby release and forever discharge Hungry For Life International and its affiliates, members, directors, officers, leaders, agents, volunteers and/or employees from any and all actions, causes of actions, suits, claims, demands, liabilities and expenses that I now have or may have in the future in connection with, arising from or related to, my travel to or from the location of the trip or my involvement in or participation in the trip, whether caused by the negligence or wrongful act of any person;

I am fully aware that there are serious risks associated with traveling to the country(ies) named above and I have considered the medical recommendations given to me by my health care practitioner in connection with the travel related to this trip. I agree that if I do not fully and completely comply with the medical recommendations, I shall accept full responsibility for the resulting consequences and hereby release and forever discharge Hungry For Life International, its affiliates, members, directors, officers, leaders, agents, volunteers and/or employees from all actions, causes of actions, suits, claims and demands whatsoever that may arise as a result of my failure to fully and completely comply with the medical recommendations;

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PROJECT WAIVER OF RIGHT AND RELEASE

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I acknowledge that I have read the Crisis Policies of Hungry For Life International and agree to be bound by its terms. I acknowledge that if I, or any other person(s), am kidnapped or used for extortion purposes, it is the policy of Hungry For Life International not to pay a ransom or comply with any demands made by the person(s) perpetrating the kidnapping or extortion. I hereby release and forever discharge Hungry For Life International, its affiliates, members, directors, officers, leaders, agents, volunteers and/or employees from all actions, causes of actions, suits, claims and demands whatsoever that may arise or result from my or any other persons' kidnapping or use for extortion purposes;

In case of any accident or illness, I give permission to any staff member, associate staff member or other volunteer of Hungry For Life International, or its affiliates, or authorized representative thereof, to seek any medical attention or treatment deemed necessary for me by the individual. I hereby release and forever discharge Hungry For Life International, its affiliates, members, directors, officers, leaders, agents, volunteers and/or employees from all actions, causes of actions, suits, claims and demands whatsoever that may result from or in connection with such accident or injury from or in connection with medical treatment administered in connection with said accident or injury. I will further indemnify and save them harmless from any and all costs, liabilities, expenses, claims, causes of action, suits or demands incurred by them, made, or taken against them as a result of, connected with or relating to such accident or illness and the medical treatment administered in connection therewith;

I agree to indemnify and save harmless Hungry For Life International and its affiliates, their staff members, associate staff members, and volunteers from all claims, demands, suits or actions (including costs of defending them) against any of them by me or by any person injured or who suffered damage to person or property as a result of my action or in any way arising out of my participation in or any aspect of this trip, including the cost of defending any such suits, actions, or claims;

I will conduct myself in a manner appropriate to a volunteer participant in the trip and abide by all rules, regulations, orders and directives given to me by HFL and its affiliates and agents in connection with any matter relating to the trip.

Signature Instruction:

- ; Click on signature square.
- ; Click "Configure New Digital ID" (If you have an existing ID, skip to step 7)
- ; Select "Create a new Digital ID" and click "Continue".
- ; Select "Save to File" and click "Continue".
- ; Enter your name, email and country. Leave the other options on their default selections. Click "Continue."
- ; Select the location you wish to save your Digital ID to (which will save it for future use), enter a password and click "Save".
- ; Select your (newly created) Digital ID and click "Continue".
- ; Enter your password and click "Sign" to sign the application.

SIGNATURE

Participant print name:

Signature:

Parent or Guardian Print Name:

(PARENT OR GUARDIAN OF APPLICANT UNDER 18)

Witness print name:

Signature: