

# Global Infusion

## ● Youth Application



## INFUSION ADVENTURES

### Application Checklist:

- 1) Complete this application in full (please print)
- 2) Complete the Parent/Guardian Consent Form
- 3) Complete the medical release (if necessary)
- 4) Photocopy the picture page of your passport
- 5) E-mail a recent photo of yourself: [info@globalinfusion.org](mailto:info@globalinfusion.org)
- 6) Include your deposit\* (check or money order)  
\*Call our office to use a credit card
- 7) Mail everything in to:

**Global Infusion**  
4422 Timberlake Dr.  
Louisville, TN 37777

### Questions?

Call: (865) 233-0416

E-mail: [info@globalinfusion.org](mailto:info@globalinfusion.org)

[www.globalinfusion.org](http://www.globalinfusion.org)

GENERAL INFORMATION	
Country applying for:	Date of trip:
Full Name:	
Address:	
Phone:	Home-                      Work-                      Cell-
E-mail:	
PERSONAL INFORMATION	
Gender:	Male      Female      (circle one) <b>T-shirt size:</b> <small>Enter your size (XS, S, M, L, XL, XXL)</small>
Birth date:	(mm/dd/yyyy)
Occupation:	Full-time      or      Part-time      (circle one)
If Student:	High School      College      Other
Year:	FR      SO      JR      SR      (circle one)
US Citizenship & Passport Information:	
Are you a U.S. Citizen? (If no, see Non-U S Citizens section)	Yes      No      (circle one)
Do you have a passport?	Yes      No      (circle one)
U.S. Passport Number:	
U.S. Passport Issuing Authority/Office:	Do not leave blank!
U.S. Passport Expiration date:	
Non-US Citizens (living in the US):	
Of which country are you a citizen?	
Country Passport Number:	
Are you a Green Card holder? (also known as a Permanent Residency)	Yes      No      (circle one)
Green Card expiration date:	
If no Green Card, what kind of Visa do you have?	
Visa expiration date:	

**MEDICAL HISTORY**

What is your blood type? \_\_\_\_\_ Are you a hemophiliac? Yes or No

Answer only "yes" to the ones that apply to you.  
(If you answer "yes" to any of the following, please enclose our  
Medical Release form completely filled out and signed by your physician)

Allergies*		Eye Cataracts		Leukemia	
Allergies to Medicines*		Fainting		Malaria	
Arthritis		Gastritis		Mental Illness	
Asthma		Heart Disease		Migraine Headaches	
Back Injuries		Hepatitis A		Respiratory Problems	
Cancer		Hepatitis B or C		Seizures	
Chronic Fatigue		Hernias		Sleeping Disorders	
Depression		Hi/Lo Blood Pressure		Tuberculosis	
Diabetes		Knee or Joint Injuries		Typhoid	

\*Please list:

**MEDICATIONS**

Are you currently on any prescribed medications? Yes No (circle one)

If yes, please list and describe:

Are you currently seeing a physician for treatment? Yes No (circle one)

If yes, please describe:

Would you require special housing, diet, or other specifications while traveling? Yes No (circle one)

If yes, please describe (be specific):

Are you currently seeing, or have you ever seen a psychiatrist? Yes No (circle one)

If yes, please describe the circumstances:

## MISSIONARY PROFILE

### EXPERIENCE

Have you had any previous foreign missions experience? Yes or No

If yes, please provide the following:

	Organization Name	Country	Year
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

### LANGUAGES

Do you speak a language (or languages) other than English? Yes or No

If yes, please list and rate your fluency :

	Language	Beginner	Speak & Read some	Fluent, can translate
1.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### MUSIC

Do you play an instrument? Please list: \_\_\_\_\_

Can you lead praise and worship? Yes or No

### PROFESSIONAL SKILLS

Please list any professional skills or training you may have:  
(Examples: Health Care, Construction, Teaching, etc.)

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**HONESTLY RATE YOURSELF IN THE FOLLOWING:**

(1=poor 2=minimal 3=average 4=excellent 5=outstanding)

Relating to all age groups		Adjusting to foreign cultures	
Adapting to all personality types		Adjust to difficult living conditions	
Attitude under tough conditions		Performance under pressure	
Confrontation (receiving it)		Confrontation (giving it)	
Communication		Submission to authority (any age or gender)	
Team work		Creativity	
Problem solving		Public speaking, preaching	
Serving		Self-confidence	
Listening		Following instruction	
Spiritual discipline		Discipline in personal life	

If necessary, please comment on any of the above:

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Is there any area of your life that you feel would not be under the jurisdiction of your Global Infusion Team Leader and/or Contact? Please explain:

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## Global Infusion Team Member Agreement

I agree to abide by the rules and regulations set by Global Infusion and I understand that they may be altered from time to time. If I have a disagreement with the program, I will bring my concerns directly to the Global Infusion Team Leader/Staff Member.	INITIAL  _____
I understand that all monies raised by myself for a position on a team are to solely go to the non-profit organization of Global Infusion. I further understand that all funds must be sent directly to Global Infusion and cannot for any reason be sent to an outside organization or individual including myself.	INITIAL  _____
I understand that all monies received by Global Infusion will go toward ministry expenses and will not be used by myself personally. I will clearly communicate this to all my potential sponsors. I am required to provide my own spending money which is contingent on my own spending habits.	INITIAL  _____
If, for any reason, I decide not to go on the designated mission trip, I understand that all funds raised on my behalf will go toward the furtherance of the Gospel through outreaches sponsored by Global Infusion. These funds cannot be refunded to the sponsor or myself.	INITIAL  _____
I know that there are several financial deadlines, and I agree to be responsible for overseeing my fund-raising account to make sure that these deadlines are met. I understand that failure to meet the deadlines will place me in jeopardy of being released from the mission team and trip.	INITIAL  _____
I agree to fully support the staff and leaders of Global Infusion in word and conduct. I will remain positive and flexible. I understand that my Global Infusion Team Leader(s) is/are responsible for the performance, behavior, and safety of each team member and has the right to request that a rebellious member be sent home at any point during the mission trip at the expense of the team member.	INITIAL  _____
I will attend and fully participate in any necessary training sessions, team meetings, prayer meetings, and fundraisers, which will occur prior to the mission trip. I understand that these requirements are the beginning of the mission experience.	INITIAL  _____
I understand that I will be required to abstain from romantic involvement, dating, or even pairing off with team members (unless married) and nationals of the designated country prior to or during the missions experience.	INITIAL  _____
After the completion of my trip, I will not independently arrange mission trips with any of Global Infusion's contacts. Nor will I send donations, monetary or tangible, to Global Infusion's contacts, or indigenous people I met on the trip. I agree that both instances must take place through Global Infusion.	INITIAL  _____

I have read the above information thoroughly and fully understand all aspects of this document. By signing this document I am giving my word that I will follow each of the above regulations in thought, word and deed.

**Signature:**

**Date:**

**EMERGENCY CONTACT**

Name (print): _____	Relationship: _____
Address: _____ No. and Street	Home Phone: (    ) -
_____	Cell Phone: (    ) -
City _____ Prov./St. _____ Zip/Postal Code _____	Work Phone: (    ) -

**MEDICAL INSURANCE INFORMATION**

Company: _____	Insurance Co. Phone #:
Policy #: _____	(    ) -
Policy Holder: _____	Does this policy cover international travel? (circle one) Yes or No

**LIABILITY WAIVER (under 18 yrs of age) To be completed by parent/guardian**

<b>MEDICAL AUTHORIZATION</b>	Should emergency medical treatment be necessary, I authorize Global Infusion or one of its representatives to act on my behalf and approve appropriate treatment required for my well-being.	INITIAL _____
<b>RELEASE OF LIABILITY</b>	By my signature below, I, individually and on behalf of my heirs, hereby release and hold harmless Global Infusion, its employees, volunteers, directors, and any sponsors in the event of death, injury, accident, disease, terrorist act, weather condition, inadequate medical supplies or treatment, damage to or loss of my personal property which happens en route, during, or returning from the events involved in a mission trip.	INITIAL _____
<b>OUT OF TOWN/ STATE/COUNTRY ACTIVITY</b>	In the event that I refuse to adhere to the rules/policies during this activity, I understand that I will be transported home at my own expense.	INITIAL _____
<b>WILLFUL DAMAGE</b>	By my signature below, I hereby agree to pay any fees charged to Global Infusion due to damage caused by myself or due to me personally by not following the rules or by not using reasonable discretion.	INITIAL _____
<b>Signature:</b> _____		<b>Date:</b> _____



# Global Infusion

## MEDICAL RELEASE FORM\*

*To be filled out <b>only</b> if applicant has answered “yes” to any of the Medical History questions from the application.	
Patient’s Name:	
Doctor’s Name:	
Phone: (    )	
Address:	
The above-named person has applied to participate in a <b>Global Infusion</b> missions experience. During the period of their involvement, this individual may be required to participate in strenuous activity including, but not limited to, climbing, running, hiking, swimming, walking long distances, and participating in some sports requiring endurance. These activities may take place in hot and/or humid conditions. The individual may be exposed to excessive sunlight and dry conditions. As well, the individual may experience a change in diet due to availability of certain types of foods in the country of their destination. Please check the appropriate box to indicate whether the above-named patient is able to participate under the proposed conditions.	
	The above-named person is physically <b>unable</b> to participate in a <b>Global Infusion</b> missions experience.
	The above-named person is <b>able</b> to participate in <b>Global Infusion</b> missions experience without restriction.
	The above-named person is <b>able</b> to participate in a <b>Global Infusion</b> missions experience with the following restrictions (please include any medications the applicant is required to take):
Signature:	Date: ___/___/___

Global Infusion  
4422 Timberlake Dr.  
Louisville, TN 37777

865.233.0416  
info@globalinfusion.org  
www.globalinfusion.org

# **PARENTAL CONSENT FORMS**

## **FOR MINOR CHILDREN TRAVELING WITHOUT BOTH BIRTH PARENTS**

In Addition To The Child's Citizenship Documentation, A Minor Child Under The Age Of 18 Must Have A Legal Guardian, Or Parental Consent Form From Their Birth Parents To Exit The United States And Enter Most Foreign Countries. Parents Should Complete One Of The Forms Listed Below For Each Minor Child Under The Age Of 18 (At The Time Travel Starts) To Prevent Immigration Problems When Entering Or Leaving The Country.

**When The Form Is Completed, ONLY SIGN It In The Presence Of A Notary Public!**

**FORM #1 - Both Birth Parents Are Alive** - If both birth parents are alive, and one or both of them will NOT be traveling with minor children, the non-traveling parent(s) must complete the form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country or to allow the minor child to travel on their own with no guardian.

**FORM #2 - One Birth Parent Is Deceased** - If one birth parent is deceased, and the surviving birth parent WILL be traveling with the minor child(ren) they need only to have in their possession a certified copy of the death certificate of the deceased birth parent and the child's citizenship documentation. However, if the surviving birth parent WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of the death certificate for the other non-living birth parent.

**FORM #3 - Guardian For Minor Child** - If both birth parent is deceased, or you have legal guardianship of minor child(ren) and WILL be traveling with the minor child(ren) you need only have in your possession a certified copy of your guardianship papers and the child's citizenship documentation. However, if the guardian WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of their guardianship papers to it.

### **Fill In the Forms Using the Codes Below**

- a) The full name (first, middle & last) of the non-traveling parent(s) or legal guardian.
- b) The relationship of the non-traveling parent(s) to this minor child.
- c) The full name (first, middle & last as shown on their citizenship documentation) of the person you authorize to travel with this child.
- d) The relationship of this person to the minor child. (Father, Mother, Uncle, Friend, Teacher, etc.)
- e) The full name (first, middle & last as shown on their citizenship documentation) of the child.
- f) The child's age at the time travel begins.
- g) If the form requires, place the word "Me," "We," or "Us" in this space.
- h) Name only the countries listed on the child's itinerary they will be traveling to. (Bahamas, Mexico, etc.)
- i) The date travel is to start.
- j) The date child will be returning to the United States.
- k) Answer the Insurance, medical treatment and emergency notification section.

# AFFIDAVIT OF PARENTAL CONSENT

## For Travel Outside The United States Of A Minor Child Without Both Birth Parents Traveling

FORM # 1 - BOTH BIRTH PARENTS ARE ALIVE • PLEASE TYPE OR PRINT CLEARLY!

I, \_\_\_\_\_ [a]

\_\_\_\_\_ [b] Of Said Minor Child, Do Hereby Authorize

\_\_\_\_\_ [c]

\_\_\_\_\_ [d] Of Said Minor Child To Travel As A Guardian Of

\_\_\_\_\_ [e], Age: \_\_\_\_\_ [f]

To The Following Countries Without \_\_\_\_\_: [g]

\_\_\_\_\_ [h]

\_\_\_\_\_ [h]

From: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ [i]

To: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ [j]

[k] I/We [ \_ ] HAVE; [ \_ ] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [ \_ ] AUTHORIZE; [ \_ ] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Name & Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**(Signature Of Non-Traveling Birth Parent(s) • To Be Signed In Front Of A Notary Public Only)**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

Signature Of Notary Public: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_, And the State Of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

*Affix Notary Seal At The Right Side Of Page*

**AFFIDAVIT OF PARENTAL CONSENT**  
**For Travel Outside The United States Of A Minor Child**  
**Without Both Birth Parents Traveling**

**FORM # 2 - ONE BIRTH PARENT IS DECEASED • PLEASE TYPE OR PRINT CLEARLY!**

I, \_\_\_\_\_ [a]

\_\_\_\_\_ [b] And Surviving Birth Parent Of Said Minor Child, Do Hereby Authorize

\_\_\_\_\_ [c]

\_\_\_\_\_ [d] Of Said Minor Child To Travel As A Guardian Of

\_\_\_\_\_ [e], Age: \_\_\_\_\_ [f]

To The Following Countries Without Me:

\_\_\_\_\_ [h]

\_\_\_\_\_ [h]

From: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ [i]

To: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ [j]

[k] I/We [ \_ ] HAVE; [ \_ ] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [ \_ ] AUTHORIZE; [ \_ ] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Name & Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**(Signature Of Surviving Non-Traveling Birth Parent • To Be Signed In Front Of A Notary Public Only)**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

Signature Of Notary Public: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_, And the State Of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

*Affix Notary Seal At The Right Side Of Page*

# AFFIDAVIT OF PARENTAL CONSENT

## For Travel Outside The United States Of A Minor Child Without Both Birth Parents Traveling

FORM # 3 - GUARDIAN FOR MINOR CHILD • PLEASE TYPE OR PRINT CLEARLY!

I, \_\_\_\_\_ [a]

The Legal Guardian Of Said Minor Child, Do Hereby Authorize

\_\_\_\_\_ [c]

\_\_\_\_\_ [d] Of Said Minor Child To Travel As A Guardian Of

\_\_\_\_\_ [e], Age: \_\_\_\_\_ [f]

To The Following Countries Without \_\_\_\_\_: [g]

\_\_\_\_\_ [h]

\_\_\_\_\_ [h]

From: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ [i]

To: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ [j]

[k] I/We [ \_ ] HAVE; [ \_ ] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [ \_ ] AUTHORIZE; [ \_ ] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Name & Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**(Signature Of Non-Traveling Legal Guardian(s) • To Be Signed In Front Of A Notary Public Only)**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

Signature Of Notary Public: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_, And the State Of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

*Affix Notary Seal At The Right Side Of Page*