

## Puente de Amistad Volunteer Application

(Please print legibly)

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

\_\_\_\_\_  
(City, State, Zip) Email: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Born-again Christian? Yes \_\_\_\_\_ No \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name of Church \_\_\_\_\_

Name of Pastor \_\_\_\_\_

Reason for wanting to be a Puente Volunteer (attach extra sheet if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel that God may be calling you to the foreign mission field?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please

explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will your actions reflect that you are a guest in a foreign country, that you are not here to change the Mexican culture, but rather to respect the people, show them Christ's love and be an example to them of Christ?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you agree to abide by the instructions given to you by Puente staff members and to respect other staff and all Puente guests, doing your utmost to be a team player and not cause friction with others?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Information**

My overall physical condition is: (circle one)    Poor    Average    Good    Excellent

If you circled anything other than excellent, please explain \_\_\_\_\_

\_\_\_\_\_

List any heart-related restrictions you have \_\_\_\_\_

List any physical restrictions you have (such as lifting heavy things) \_\_\_\_\_

List any allergies you have or have had in the past \_\_\_\_\_

List any chronic infections you are subject to \_\_\_\_\_

List any other ongoing medical conditions you have (e.g. asthma, etc.) \_\_\_\_\_

List any medication you are on and what it is for:

Medicine \_\_\_\_\_ Dosage \_\_\_\_\_ For \_\_\_\_\_

Medicine \_\_\_\_\_ Dosage \_\_\_\_\_ For \_\_\_\_\_

List any other medical factors that could impact you in a medical emergency, such as rare blood type, hemophilia, etc.

\_\_\_\_\_

List any contagious diseases you presently have or have recently been exposed to that could affect others.

\_\_\_\_\_

List any other conditions not covered above which could affect you while on the trip.

\_\_\_\_\_

My doctor is \_\_\_\_\_ Phone \_\_\_\_\_

My last hospital stay was at \_\_\_\_\_ Located \_\_\_\_\_

My health insurance coverage is with \_\_\_\_\_

My insurance identification number is \_\_\_\_\_

**Please attach copies of your coverage verification.**

**Certification**

I certify that all of the above information is true and accurate to the best of my available knowledge and information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

If necessary, use the back of this form or additional sheets to provide complete information.

**Waiver of Liability**

The undersigned does hereby consent to take part in the noted activity organized by Puente de Amistad, a ministry of Open Bible Standard Churches, a religious, non-profit corporation. I have been informed that a foreign country is very different from the United States. I have been apprised that there are risks politically, militarily, culturally, safety-wise, and health-wise and that problems in any or all of these areas may arise during this mission trip. I have been apprised that, in Tijuana, Mexico, there is currently an added risk of rapid kidnappings and other violent crimes, which are mainly related to criminal activity with drug cartels. In addition, I have been apprised that the threat of terrorism against Americans increases on foreign soil. I am also aware of the threat of terrorism in air travel both from American and foreign airports. I also understand that this trip will involve mission activities, sporting activities, and interaction directly with people while on this trip. I am willing to assume responsibility for my own health and safety while traveling to and from the mission trip destination. I agree to assume all expenses occasioned by any injury or loss and do wholly release Open Bible Standard Churches and Puente de Amistad from any responsibility or liability, and waive any claims or causes of action against it, its agents, employees, and volunteer assistants that may arise on account of any loss, injury, or expense occasioned by any sort of accident or other circumstances involving any foreign or travel risk and agree to hold harmless Open Bible Standard Churches and Puente de Amistad in the event any such claims should arise.

The undersigned agrees to abide by the rules and regulations, supervision, and discipline set and applied by Open Bible Standard Churches, Puente de Amistad, and its agents and does hereby authorize Puente de Amistad or its staff members or other agents to arrange for and consent to x-ray examinations, anesthetic, dental, medical, or surgical diagnosis, and treatment, and hold harmless Puente de Amistad and Open Bible Standard Churches from any such. The undersigned will furnish payment or insurance for any such treatments at his/her own expense. I have read the above waiver of liability and completed the medical information. I understand its content and import and agree to its provisions. I hereby declare this release and Waiver of Liability form is executed without reliance upon any statement or representation of Open Bible Standard Churches or Puente de Amistad or any agent, employee, or volunteer thereof and the execution is made voluntarily and knowingly.

**Important Advisory:** Individuals traveling to a foreign country and reentering the U.S. are advised that having illegal substances (drugs) or illegal merchandise in their possession will subject them to severe penalties including fines and imprisonment as prescribed by each country. Violation of such laws overseas often results in automatic and lengthy prison terms.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

A facsimile or photocopy of this form shall be valid as the original.

### Puente de Amistad Volunteer Covenant

I, \_\_\_\_\_, by my signature below, agree to;

- Abide by the policies of Puente de Amistad whether written or verbal.
- Abide by any and all lawful instructions given to me by any member of the staff of Puente de Amistad.
- Abstain from the use of alcohol, tobacco, illegal drugs, offensive clothing, and profanity during my time at Puente de Amistad.
- Be respectful of all Puente guests and to obey all instructions given by leaders of groups that visit Puente de Amistad (if there are any problems, they are to be communicated to Puente staff who will deal with said leader).
- NOT DATE FOR THE DURATION OF MY TIME AT PUENTE DE AMISTAD. I will not fraternize, give special endearments (flirt) or have bodily contact with the opposite sex. I will not enter into a relationship other than friendship with any youth or teammates.
- Give myself 100% in service to Christ and His kingdom for the entire time of my assignment. I will be flexible, on time and have a teachable attitude.
- Always work in harmony with all Puente de Amistad staff members and ministry group members.

I understand that failure to live up to any of these agreements can result in my being terminated from the Puente volunteer program and returned to the United States at my own expense.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_