



## Hospitals of Hope International, Inc. Application -2 weeks or less

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

- Please attach a photo of yourself (email is fine)
- \$125 deposit (This is transferable but not refundable.)

Name as it appears on your passport (if available) \_\_\_\_\_

Preferred Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Permanent Mailing Address (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Citizenship \_\_\_\_\_ Birthday \_\_\_\_\_ Marital Status \_\_\_\_\_

Passport Number (if available) \_\_\_\_\_ Date & Place issued \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Job Title \_\_\_\_\_

College/University You Currently Attend \_\_\_\_\_

Undergrad \_\_\_\_\_ Grad School/Seminary \_\_\_\_\_ PhD \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

Church You Currently Attend \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

In Case of Emergency, I would like Hospitals of Hope to notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Health Status

Do you have any medical restrictions or handicaps that we need to make provision for?

No\_\_\_ Yes\_\_\_ (please explain)\_\_\_\_\_

Are you presently taking any medications? No\_\_\_ Yes\_\_\_ (please explain)\_\_\_\_\_

Do you have any dietary restrictions that we should plan for?\_\_\_\_\_

Health Insurance Company\_\_\_\_\_ Policy #\_\_\_\_\_

Physician's Name\_\_\_\_\_ Phone #\_\_\_\_\_

Primary Area in Which You'd Like to Serve (select one):

\_\_\_Medical \_\_\_Dental \_\_\_Evangelism \_\_\_Construction

\_\_\_Casa De Amor (orphan ministry) \_\_\_Spanish Translation

Other Areas in Which You'd Like to Serve (select all that apply):

\_\_\_Medical \_\_\_Dental \_\_\_Evangelism \_\_\_Construction

\_\_\_Casa De Amor (orphan ministry) \_\_\_Spanish Translation

Medical/Dental applicants only: I am currently (select all that apply):

\_\_\_Doctor (specialty)\_\_\_\_\_ PA

\_\_\_Nurse \_\_\_\_\_Dentist or Dental Hygenist

\_\_\_MedTech \_\_\_\_\_Student\_\_\_\_\_

\_\_\_Other\_\_\_\_\_

Also please provide the following on a separate sheet of paper:

**Undergrad**

- Photocopies of all certificates and licenses
- School you are attending & major of study
- Prior medical experience
- Personal goals or what you would like to accomplish while in Bolivia

**Grad students**

- Same as above +year in school/level of training or study

**Medical Professionals**

- Photocopies of all certificates and licenses
- Schools were you have received degrees
- Specialties

Do you speak Spanish? No\_\_\_ Yes\_\_\_ proficient enough to be an interpreter?\_\_\_\_\_

Are you interested in helping in any of the following areas (please select all that apply)?

\_\_\_Leading a Devotion or Bible Study at the Guest House      \_\_\_Acting in a Drama  
\_\_\_ Leading Singing      \_\_\_Leading Worship on Guitar...      \_\_\_...on Keyboard

Travel Information

Closest major airport: 1<sup>st</sup> choice\_\_\_\_\_ 2nd choice\_\_\_\_\_

Are the dates selected flexible No\_\_ Yes\_\_ If yes explain\_\_\_\_\_

What address should we mail the tickets to? \_\_\_\_\_

On a separate piece of paper, please answer the following:

Short-answer questions (*please answer in 1-4 sentences*)

1. What is your primary reason for wanting to serve overseas?
2. Have you served on any overseas missions projects before? If so, please list mission organization, date, & purpose.
3. In what ways do you believe you'll be able to impact people overseas?
4. What do you hope to learn or gain from this experience?
5. Are there any realistic roadblocks that might hinder you from going?
6. What does the word "flexibility" mean to you?

Long-answer questions (*please answer in approximately 1/2 a page*)

- 1-Describe your relationship with Jesus Christ and how you became a Christian.
- 2-What do you see as some of your strengths and weaknesses?

Please provide a list of references including name, address, phone #, and email address.

- One Christian leader from your church (can be Pastor, Sunday School Teacher, Bible Study Leader, etc)
- Two others who know you well. Cannot be a family member. We would suggest a teacher, boss, coworker, fellow-student, or friend.

*\*Please note that we are not looking for perfect volunteers. Please don't let this application be a hindrance to you in any way!*

Hospitals of Hope is a 501(c)3 non-profit organization. To obtain our receipt for tax purposes, make all checks payable to Hospitals of Hope and please write a specific information on a separate

sheet of paper, NOT on the face of the check. All funds raised above and beyond your targeted goal cannot be refunded but will be used to further the ministry of Hospitals of Hope.

#### WAIVER OF RESPONSIBILITY

I, \_\_\_\_\_ along with all members of my family, in consideration of the benefits derived if accepted for a Hospitals of Hope Project, hereby voluntarily waive any claims for any reason against Hospitals of Hope International, the officers, board, leaders, staff members and sponsoring institutions.

I, \_\_\_\_\_ will submit to the godly leadership of HOH staff.

I, \_\_\_\_\_ will have the full cost of my trip in to Hospitals of Hope by the date departure.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*Waiver must be signed by each applicant. Parent or Guardian must also sign for minors.

Send completed application via regular ground mail or email to:

*Hospitals of Hope International, Inc.  
Attn: Darren McClintock  
3545 N Santa Fe  
Wichita, KS 67219*

*darren@hospitalsofhope.org*

*If you have any questions, please feel free to contact Darren McClintock at 316-262-0964.  
Fax# 316-262-0953.*

### **Other Requirements**

- A Passport is required & we will need a photocopy of the front page including your photo ID & Passport #.
- The following vaccinations are essential before traveling to Bolivia:  
Tetanus, Typhoid, Yellow Fever, Hepatitis A, Hepatitis B is suggested but not required.  
Note malaria injections or pills are not necessary.

- MedEvac Insurance is required by Hospitals of Hope. You will be supplied information on a suggested company (approx \$2 per day) or you may use the company of your choice. Proof of this policy in writing is required prior to leaving for project.
- All funds must be turned in to Hospitals of Hope before leaving for project.