

# CALVARY ASSEMBLY

Whoever you are, Wherever you've been,  
There's a place here for you.

Hello Friends,

Thank you for your interest in joining us on a missions trip to help out after the recent, devastating earthquake in Haiti. Here is some communication from Convoy of Hope that includes paperwork and information about immunizations. Please read completely and return the appropriate paperwork to me when you can. If you have any questions or concerns about immunizations, please consult your physician.

**YOU MUST HAVE A CURRENT AND VALID PASSPORT!** You can get your photo taken in many places including Walmart. The Post Office seems to be the best place to process the passport application (take your photo with you).

We will be having a meeting in the coming weeks to discuss specifics once Convoy releases details to us. For now, they are waiting for security and some order to be established in Haiti. I can only imagine that during our stay, we will be in less than ideal conditions. I assume we'll be in some type of temporary housing and our meals will be very basic. Convoy has done this in many different situations and will ensure that our needs are safely met. They will consider our safety and nutritional needs and will always supply sufficient bottled water for us.

Regarding cost, again I don't know. Currently airfare is less than \$500 round trip and usually is a substantial portion of the cost. I will let you know ASAP. Any tax-deductible contributions can be made to Calvary Assembly and in the memo "Haiti Trip". If you want to have that money put toward your trip, please call our office and ask to speak to Rhonda Barmoy and she will explain how that process works.

**Please email me if you would like to become involved in this effort.** Thanks again for your passion to serve those in need with the love of Christ!

In Christ,

Matt Thompson  
Outreach Pastor  
Calvary Assembly  
301-898-7811  
matt.thompson@cafrederick.com

P.S. If you would like more information about Convoy of Hope, please visit their website at:  
[www.ConvoyofHope.org](http://www.ConvoyofHope.org)

WWW.CAFREDERICK.COM  
MAILING ADDRESS: PO Box 1049 ~ FREDERICK, MD 21702  
PHYSICAL ADDRESS: 8234 WOODSBORO PIKE ~ WALKERSVILLE, MD 21793  
INFO@CAFREDERICK.COM ~ 301-898-7811

# Convoy of Hope – Team Member Application

## APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last

First

M.I.

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

Street Address

Apartment/unit #

City

State

Zip Code

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

Email: \_\_\_\_\_

Have you ever traveled outside the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

Do you have a current U.S. passport? Yes \_\_\_\_\_ No \_\_\_\_\_ Passport # \_\_\_\_\_

Do you have any chronic illnesses that may affect you when traveling? \_\_\_\_\_

Have you had any medical problems in the last six months? \_\_\_\_\_

Do you speak a foreign language? Yes \_\_\_\_\_ No \_\_\_\_\_ Language \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

In case of an emergency, who should we contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

## REFERENCES

Please provide two references: One must be your *Pastor*; The other a *colleague, friend* or *relative*.

1. Name \_\_\_\_\_ Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name \_\_\_\_\_ Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

**(Please complete back page)**

**PLEASE NOTE:**

We are a volunteer organization; the funds for your trip are your personal responsibility. Funds must be received in our office for any airline ticket prior to ticketing, unless you are purchasing them on your own or through your church. The in-country expenses (accommodations, food, entrance/exit fees, deposit, etc.) will be calculated and you will be notified of the amount needed and the due dates. These funds will normally be collected by your church representative. These funds will typically be due in two installments, one-half approximately two months from departure and the balance two weeks before departure. Your church will be responsible for collecting these funds and forwarding them to our office. Please note that a \$100 nonrefundable deposit is due for each trip and is part of the in-country expenses mentioned above.

You are also responsible for:

- Securing a visa, if required, for the country we are traveling to.
- Obtaining recommended and required immunizations.
- Obtaining and taking malaria medicine if required in the area the team is traveling to.

Alcohol/Tobacco Use: Due to the position of our ministry on the use of such items, it is required of team members to abstain from their use the entire length of the trip. This includes during travel and free time. This will help us maintain our testimony with the national church.

**DISCLAIMER AND SIGNATURE**

Convoy of Hope's mission is to provide resources to local churches and organizations to meet physical and spiritual needs. In understanding this; I agree to abide by the principles and practices of this faith-based organization and to come under the leadership of its personnel or other designated person leading the team. I furthermore concur with the following: "I know Christ as my personal Savior." Finally, I certify that my answers are true and complete to the best of my knowledge and agree to all the above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

What country are you applying for? \_\_\_\_\_

**T-SHIRT SIZE**

- |           |                          |
|-----------|--------------------------|
| SMALL     | <input type="checkbox"/> |
| MEDIUM    | <input type="checkbox"/> |
| LARGE     | <input type="checkbox"/> |
| X-LARGE   | <input type="checkbox"/> |
| XX-LARGE  | <input type="checkbox"/> |
| XXX-LARGE | <input type="checkbox"/> |



## Background Check Authorization and Consent

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

### **All fields are required.**

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Alias or Former Name Alias or Former Name

\_\_\_\_\_  
Current Address with City, State, and Zip

Male  Female \_\_\_\_\_  
Social Security Number (only for identification) Date of Birth (only for identification)

\_\_\_\_\_  
Driver's License Number Driver's License State

\_\_\_\_\_  
Preferred phone number (only used for contacting you) E-mail address (only used for contacting you)

During the application process and at any time during the tenure of my employment/service with Convoy of Hope, I hereby authorize ChoicePoint Services Inc., on behalf of Convoy of Hope to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

\_\_\_\_\_  
Signature Date

California Notice:  
California residents have the right under Section 1786.22 of the California Civil Code to contact ChoicePoint during normal business hours to obtain your file for your review.

# CONVOY OF HOPE

## IMMUNIZATIONS

These immunizations are **recommended** but **not required** for those traveling with Convoy of Hope overseas. If a vaccine is required for entry into the county, you will be notified. The decision to obtain these vaccinations is an individual choice. These recommendations are based on a planned itinerary and the assumption that adults have received standard US childhood vaccines of DPT (Diphtheria/Pertussis/Tetanus) and Polio. Vaccines do not need to be repeated unless expired or a booster is necessary.

These recommendations are generic and need to be tailored to your personal health history. Please take these recommendations to a travel clinic or your personal physician to receive the vaccines. All immunizations should be documented on a yellow "**International Certificate of Vaccination**" card. These cards can be obtained at your doctor's office or county health department. A directory of travel clinics in your area may be accessed at web site: [www.istm.org/clinidir.html](http://www.istm.org/clinidir.html). More information about vaccines may be obtained from the Centers for Disease Control web site: [www.cdc.gov](http://www.cdc.gov).

Immunization	No.of Doses	Good For	Comments
dT (Diphtheria/Tetanus)	1	5-10 yrs.	Boost every 10 years regardless of travel.
Hepatitis A	2	Life	2 doses over 6-month period.
Hepatitis B	3	Life	3 doses over 6-month period.
IG (Immune Globulin)	1	3-6 mo.	Alternative to Hepatitis A vaccine.
Japanese Encephalitis	3	3 yrs.	3 doses over 1 1/2-month period.
MMR (Mumps/Measles/Rubella)	1	Life	One-time only supplementary dose if born in or after 1957 and do not already have 2 documented doses of MMR.
Polio	1	Life	One-time only supplementary dose.
Rabies	3	2 yrs.	3 doses over 3 to 4-week period.
Typhoid, Oral	4	5 yrs.	4 doses over 8-day period.
Varicella	1 or 2	Life	If haven't had chickenpox disease.
Yellow Fever	1	10 yrs.	Must be documented on "International Certificate of Vaccination"

### **Additional Health Recommendations for Travel to Less-Developed Countries**

- 1) Eat only cooked foods hot to the touch. Avoid eating at street vendors.
- 2) Eat only vegetables and fruits you peel, pare or cut yourself.
- 3) Drink only purified bottled water with seal intact produced by a reputable company, or boiled and filtered water, or carbonated beverages, or tea and coffee made with boiled water.
- 4) Do not accept ice in beverages if the source of the water is unknown.
- 5) Do not swim in fresh water.
- 6) Protect yourself from mosquito, fly, tick and other insect bites.
- 7) Bring an extra supply from the US of your prescription, or over the counter medications.
- 8) Use seat belts when riding in the car; use helmets when riding motorcycles or bicycles.

*Note: Immunizations and other travel recommendations are a service but not meant to replace the role of the private physician or health practitioner who administers the vaccines. Said persons will at all times retain sole responsibility for advice, care and treatment given to their patients. Convoy of Hope disclaims and is not responsible for any illness or consequence resulting from the use, misuse or incorrect interpretation of the recommendations and information given in this document.*

**Convoy of Hope**

PH: 417.823.8998 Fax: 417.823.8244

Email: goteams@convoyofhope.org

**Country:**

**City:**

**Dates:**

**Malaria Risk & Prophylaxis Certification**

I certify that I have received and read the "Malaria Risk & Prophylaxis" recommendations from Convoy of Hope and I have discussed them with my physician.

Please initial one:

\_\_\_\_\_ I will be taking anti-malarial prophylaxis on this outreach with Convoy of Hope.

\_\_\_\_\_ I understand the risks of malaria and after a discussion with my physician it was agreed that the risks associated with anti-malarial prophylaxis far outweigh the benefits for me based on my medical history. I will not be taking an anti-malaria medication for this outreach.

\_\_\_\_\_  
Signature & Date Signed

\_\_\_\_\_  
Printed Name

**\*\* Please sign this form and return it to: Convoy of Hope; Attention: "Teams" , 330 S. Patterson , Springfield, MO 65802\* \***

**Convoy of Hope**

PH: 417.823.8998 Fax: 417.823.8244

Email: chiggins@convoyofhope.org

**Country:**

**City:**

**Dates:**

**Malaria Risk & Prophylaxis Certification**

I certify that I have received and read the "Malaria Risk & Prophylaxis" recommendations from Convoy of Hope and I have discussed them with my physician.

Please initial one:

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\_\_\_\_\_  
Signature & Date Signed

\_\_\_\_\_  
Printed Name

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