

FOR OFFICE USE ONLY	
Date Rec'd:	_____
Flight Confirmed:	_____
Status:	_____

Outreach Project Name: _____ Outreach Dates: _____

APPLICATION FOR MOBILE OUTREACH TEAM PROJECT

Note to Applicant: This application is designed to better ensure that you, your team leaders, and our foreign contacts all have a positive Outreach experience. It is therefore essential that this be completed in its entirety. Confidentiality will be maintained.

I. PERSONAL INFORMATION

Last: _____ First: _____ Middle: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Place of employment: _____
 Date of birth: _____
 Passport Number: _____ Expiration Date: _____

EMERGENCY NOTIFICATION

Name: _____ Relationship: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

II. MEDICAL INFORMATION

1. Your current health: Excellent Good Fair Poor

2. Medication: Yes No
 If yes, please specify

3. Medical restrictions or limitation requiring special provisions: Yes No
 If yes, please explain

4. Dietary Restrictions: Yes No
 If yes please explain

5. I acknowledge that it is my responsibility to complete a travel clinic appointment and receive the recommended vaccinations and/or precautionary medications at my expense? Yes No

III. EDUCATIONAL BACKGROUND

Please summarize your educational and/or vocational training

IV. OTHER INFORMATION

1. Have you previously participated in a PowerMentor International Mobile Outreach Project Yes No

2. If yes, when, where, and provide details

3. Describe your life's purpose

4. Describe your expectations for this project, and how you believe you will be used to maximize your talent

5. What might be an area of difficulty or challenges for you during this outreach opportunity?

V. SKILLS INFORMATION

Check Areas and skills in which you have experience or feel comfortable with

- | | |
|--|---|
| <input type="checkbox"/> Medical Outreach | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sports/Recreation |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Small Group Leader |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Health/Fitness |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Clean Water Sources | <input type="checkbox"/> Mentorship |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Legal |

If you have considerable experience, or areas other than stated above, please provide details

Indicate your skills in languages other than English

VI. PARTICIPANT AGREEMENT

This portion of your application is perhaps the most important. We are asking you to sign an agreement of participation, the points of which are listed below. These are the common expectations we have of every team, every team member, and every leader.

1. Will you commit to participate in all team building and training over the next few months as determined by team leader? Yes No

2. Will you commit to be a team player rather than an independent operator of this outreach project, submitting to the team leadership and the needs of the team over your own? Yes No

3. Will you be submissive to our international hosts or local project leaders? Yes No

4. Will you for the sake of the cultural context you are entering, abstain from the use of alcohol, tobacco, and illegal drugs, and participate in their religious ceremonies? Yes No

5. Will you agree to wear your PowerMentor issued ID card, and understand that the ID card remains the property of PowerMentor? Yes No

6. Will you agree to stay with the PowerMentor team at all times unless directed otherwise by the PowerMentor Team Leader, respect the personal property of team members, and care for and monitor your issued radio at all times? Yes No

Signature

Date

POWERMENTOR, INC.
INTERNATIONAL MOBILE OUTREACH
RELEASE OF LIABILITY

Participant Information

Last: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Place of employment: _____

Date of birth: _____ Social Security Number: _____

In case of emergency, please contact

Name: _____ Relationship: _____

Phone: _____ Email: _____

Authorization for Treatment/Release of All Claims

I, the undersigned, give permission for an attending physician or hospital to administer medical care if deemed necessary by PowerMentor and the physician or hospital staff during the outreach project. I, the undersigned, hereby release from all claims and forever hold harmless the director's, employees, and volunteers of PowerMentor, from any and all claims and demands for personal injury, sickness, and death as well as property damage and expenses, of any nature incurred by myself. I also assume personal responsibility for all medical bills for me and do certify I have secured primary medical insurance for myself. Should it be necessary for me to return home due to disciplinary action, medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Press Release Authorization

By signing this document, the participant hereby gives PowerMentor its licensees, successors, and legal representatives the absolute and irrevocable right and permission to use the participants name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and or moving pictures and or video tape images of the participant with or without the participants voice, or in which the participant may be included in whole or in part, photographed, taped, videotaped, and or recorded during the duration of the project, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any other lawful purpose whatsoever. The participant also consents to the use of any printed matter in conjunction therewith. The participant also waives any right to inspect and/or approve the finished product or products or the editorial, promotional or printed copy or soundtrack that may be used in connection therewith and any right that the participant may have to control the use to which said product, products, copy and/or soundtrack may be applied. The participant discharges and agrees to save harmless PowerMentor, its licensees, successors, legal representatives and assigns from any liability by virtue of any blurring distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or could be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal or proprietary right that the participant may have in connection with said images and with the use thereof.

Participant Signature

Date

Witnessed By

Date