



Felician Volunteers in Mission Application Form

Thank you for your interest in being a part of Felician Volunteers in Mission. Please complete the information below and return it to Felician Sisters of North America: Felician Volunteers in Mission, Attn: Caroline Stanfill, 871 Mercer Road, Beaver Falls, PA 15010. If you have any questions, please contact Caroline Stanfill at cstanfill@feliciansisters.org or (724) 650-7936.

Location of Trip: _____ Date(s) of Trip: _____

General Information

First Name: _____ Middle Initial: _____ Last Name: _____

Current Address: _____

City, State, & Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email: _____

Relationship Status: Single Married Divorced

Are you a U.S Citizen? Yes No

Current Occupation: _____

Are you willing to undergo a Background Check? Yes No*

** Please note that a background check is conducted on all accepted applicants.*

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____

References

Please provide the names and phone numbers of two references: one related to Mission/Ministry and one professional:

Mission/Ministry Reference: _____ Phone: (____) _____

Professional Reference: _____ Phone: (____) _____

Christian Experience

What is your religious affiliation? _____ Place of Worship? _____

How would you describe your relationship with God? Distant & Cool Struggling & Sporadic
 Growing & Learning Close & Warm

Indicate the type of Christian ministry experience you have and circle the level of your experience:

- | | | | |
|----------|-------------------|----------|------------------|
| 1. _____ | Little Experience | Moderate | Very Experienced |
| 2. _____ | Little Experience | Moderate | Very Experienced |
| 3. _____ | Little Experience | Moderate | Very Experienced |

Please list your spiritual gifts and describe how you are currently using them:

Education, Training, and Experience

High School/College	Major/Degree Earned	Number of Credits	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please mark all that apply with a 1, 2, or 3 to indicate your level of experience: Limited [1] Moderate [2] High [3]

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Administration | <input type="checkbox"/> Art | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Management/Leadership | <input type="checkbox"/> Photography | <input type="checkbox"/> Journalism |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Accounting | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Computer | <input type="checkbox"/> Video Production | <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Masonry/Cement | <input type="checkbox"/> Medical | <input type="checkbox"/> Metal work | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Mechanics | | | |
| <input type="checkbox"/> Music _____ | | | |
| <input type="checkbox"/> Foreign Languages (please list) _____ | | | |
| <input type="checkbox"/> Other Skills (please list) _____ | | | |

Have you completed a program for the protection of vulnerable people (such as Protecting God's Children, Mandated Reporter Training, etc.)?
 Yes* No * If yes, please include a certificate/letter from your diocese.

Briefly explain why you want to be a Felician Volunteer in Mission? _____

Insurance Information

I understand that I am responsible for providing my own coverage for health, accident, medical, and hospital insurance during the entire period I will be a participant in this mission trip should I be accepted. I certify that I have received verification from my insurance carrier that my policy will cover me while I am a participant in this program.

Please Initial: _____

Insurance Company: _____ Phone: (_____) _____

Name of Policy Holder: _____ Relationship: _____

Group Number: _____ Member ID Number: _____

Medical Information

It is important that this section be completed thoroughly and carefully. Upon completion, we request that it be signed by you and your physician. Please note that this information is kept confidential.

Do you have any allergies? Yes* No * If yes, please list: _____

Do you have any dietary restrictions? Yes* No * If yes, please list: _____

Do you have any physical disabilities? Yes* No * If yes, please list: _____

Do you have any mental illness? Yes* No * If yes, please list: _____

Are you taking any medications? Yes* No * If yes, please list: _____

Do you have any other medical condition we should be aware of? Yes* No * If yes, please list below.

Participant Signature

I certify that all information contained in this application is complete and true to the best of my knowledge. I have read and agree to the policies and guidelines of Felician Volunteers in Mission.

Signature of Participant: _____ Date: _____

If financial assistance opportunities are available for this trip, I would like more information.

Must Be Completed by a Physician

After a complete physical examination, in my medical opinion the above participant is medically (please check one):

- able to participate fully in all activities
- able to participate in activities with limitations. Please explain: _____
- unable to participate in the activities of a mission trip

The above participant has received all necessary immunizations for travel to the above area during the dates specified. Yes No

Signature of Health Care Provider: _____ Date: _____

Address: _____ Phone: (_____) _____

Waiver & Release

I, _____, agree to the following waiver and release in connection with my voluntary participation in an opportunity to work on a volunteer project supported by Felician Sisters of North America ("FSNA").

Mission. The project that I will be participating in is (the "Mission") _____

in ("Mission Location") _____ during the approximate time period of _____.

Voluntary Participation. I acknowledge and agree that my decision to participate in the Mission at the Mission Location is completely voluntary and made of my own volition after due consideration of the potential challenges and risks.

Information about Risks and Medical Requirements: I understand and agree that travel presents risks to Participant and Participant's property. These risks can involve, among other factors: unfamiliar or different terrain, road conditions, climate, food and drink, customs, laws, social and sexual mores, safety practices and

regulations, communications, criminal and law enforcement activities, disability access, driving practices, disease risks, and health care. In particular, the Mission may involve construction related activities, working in Mission site offices, living in housing provided for participants and providing health care related services. Participant is responsible for researching and evaluating the risks Participant may face, including reviewing the State Department Consular Information Sheets and Public Announcements at <http://travel.state.gov>. Participant understands that many of these risks are unpredictable, are wholly outside of the control of FSNA and may change and increase beyond what is known, anticipated, or expected. Participant is responsible for Participant's actions. Any activities that Participant may take part in, whether as a component of the Mission or separate from it, will be considered to have been undertaken with Participant's approval and understanding of any and all risks involved. If applicable, this includes increased risks associated with the consumption of alcoholic beverages, and loss, injury, or death from traffic accidents, assault, and theft. Further, I understand that if I am taking any prescription medication, I will take a sufficient dosage of medication with me to last my entire time as a volunteer in the Mission.

Compliance with Directions and Adherence to Policies and Guidelines: I agree to comply with any policies, guidelines, and directions given by FSNA as to my conduct while volunteering on the Mission and/or traveling to or at the Mission Location and/or living at the Mission Location. I further agree to comply with all safety, security and other precautionary measures which FSNA may issue at the Mission Location. I understand that, in its sole discretion FSNA or its representative may terminate my participation in the Mission at any time, including before departure for the Mission or during the Mission. Reasons for termination may include but are not limited to: inappropriate conduct or other behavior by Participant deemed detrimental to the best interests of the Mission; unauthorized consumption of alcoholic beverages; use of nonprescription drugs; emergencies; or health or safety considerations. Such termination shall not diminish or otherwise alter Participant's obligation to make any payment required for the Mission, nor will FSNA be required to make any refund to the Participant.

Volunteering on the Mission: I acknowledge and agree that I will be participating in, and volunteering my time, labor and effort to, the Mission as a volunteer, and not as an employee or representative of FSNA. I agree that no employment relationship will exist between me and FSNA for the time period of my participation in the Mission at the Mission Location, and that FSNA has not recruited or hired me to participate in the Mission at the Mission Location. If I work in any capacity as an employee of FSNA in the United States, I confirm that my participation in the Mission at the Mission Location will be entirely as a volunteer and not as an extension of my employment relationship, and that I will be participating in the Mission at the Mission Location during an approved absence from my regular job functions at FSNA. Accordingly, I affirm my understanding that I will not be entitled to any wages or other monetary compensation for my time, labor and effort while participating in the Mission. I further affirm my understanding and agreement that the expenses of traveling to and from the Mission Location will be my sole responsibility.

Release and Waiver: I hereby agree to release and hold harmless FSNA, its employees, officers, directors, agents, successors, assigns and insurers, from any compensation (including any wage or other employment benefits), damage, claim, liability, demand, personal injury (including death), or cost (including travel and accommodation, hospitalization, medical, and attorneys' fees) ("Costs & Damages") resulting from my participation in the Mission and my traveling to/from and my presence at the Mission Location, whether such Costs & Damages result from FSNA's actions or inactions, negligence, misconduct or any other cause. This release is binding on me, my heirs, successors, assigns, administrators and executors.

First Aid, Other Medical Services, Transportation: I hereby authorize released parties, at their discretion, to administer or seek for me first aid and other emergency medical services (including, without limitation, the Heimlich maneuver, mouth-to-mouth resuscitation, cardio-pulmonary resuscitation (CPR, and defibrillation) and transportation for further medical care, but I acknowledge that released parties may not be present or may not elect or be able or competent to administer or seek such aid or services or transportation.

Mission Modification and Cancellation: FSNA reserves the right to cancel or modify the Mission before or during its operation due to circumstances including emergencies, low enrollment, unavailability of one or more facilities or personnel, or other reasons.

Severability: It is understood and agreed that, if any provision of this release or the application thereof is held invalid, the invalidity shall not affect other provisions or applications of this Release which can be given effect without the invalid provisions or applications. To this end, the provisions of this Release are declared severable.

Photographs, Video, Sound Recordings: I grant to FSNA and Felician Volunteers in Mission, its representatives and employees the right to take photographs of me in connection with the above Mission Trip. I authorize the Felician Volunteers in Mission, its assigns and transferees to copyright, use, and publish the same media in print and/or electronically. I agree that the Felician Volunteers in Mission, may use such images of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

Miscellaneous: This Waiver and Release is governed by the laws of the Commonwealth of Pennsylvania.

Entire Agreement. This Waiver and Release contains the entire agreement of the parties regarding the subject-matter hereof.

Participant Signature: _____ Date: _____

Printed Name: _____

CERTIFICATE OF ACKNOWLEDGEMENT
(include raised seal where required by your state)

State of _____ County of _____

Acknowledged before me this _____ day of _____ of the year _____

Notary Public: _____ Commission Expiration Date: _____