

HONDURAS MISSIONS BOOTCAMP INTERNSHIP APPLICATION



HONDURAS MISSIONS BOOTCAMP INTERNSHIP

Buffalo Dream Center

286 Lafayette Avenue, Buffalo, New York 14213

☎ (716) 854-1001

✉ information@buffalodreamcenter.org

🌐 buffalodreamcenter.org

🌐 love-honduras.org

Please complete this form and return it to the Buffalo Dream Center along with a \$50.00 deposit.

Desired Start Date*: ____/____/____

Desired End Date*: ____/____/____

**The dates you select are the dates you arrive in and leave from Honduras. Please make sure the dates you select are for 30-60 days. Dates may be adjusted based on teams arriving and leaving Honduras.*

Personal Information

Full Name: _____
Last Name First Middle

Address: _____
Street Address

City State / Prov. Zip / Postal Code

Phone Number: _____ Other Number: _____

E-mail Address: _____

Sex: Male Female Married: YES NO Date of Birth: _____

Country of Citizenship: _____ Current Passport Holder: YES NO

If yes, expiry date: _____

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Conversion Experience & Christian Service

1. Briefly share your Christian testimony. Include the date you became a Christian and how your relationship with God has grown since that day.

2. What church activities are you currently involved in?

3. Do you attend church regularly? YES NO
If NO, please explain below. If YES, please write the name and address of your church.

4. List any special skills or talents you have.

5. Have you ever gone on a mission trip before, or out of the country? YES NO
If yes, where have you been and how long were you away?

6. Why are you interested in participating in a short-term mission trip? (Answer in detail. If necessary, use a separate sheet of paper.)

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Miscellaneous Information

Do you presently use tobacco? YES NO

Do you presently use alcohol? YES NO

Have you ever used illegal or habit-forming drugs? YES NO

Date you last used illegal or habit-forming drugs: _____
Day / Month / Year

Do you have a criminal record? YES NO

If so, attach a letter explaining. Please include all charges and sentences.

The Buffalo Dream Center reserves the right to run a criminal background check on every perspective volunteer.

Emergency Information

Nearest relative to be notified in case of emergency:

Full Name: _____
Last Name First Middle

Address: _____
Street Address

City State / Prov. Zip / Postal Code

Phone Number: _____ Secondary Number: _____

E-mail Address: _____

Sex: MALE FEMALE Relationship: _____

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Medical History and Information

Your general health: _____ Excellent _____ Good _____ Fair _____ Poor

Do you have any physical disability? YES NO If yes, please explain.

Have you ever been treated for any mental or emotional condition? YES NO If yes, please explain.

Please list all existing medical conditions including allergies:

If you have allergies, are they life threatening? YES NO If yes, please explain.

Please list all medication you are currently taking:

Will any problems result in hard physical labor? YES NO

Are you unusually sensitive to heat? YES NO

Have you ever been completely or partially overcome by heat? YES NO

If any of the above questions were answered yes, please explain:

Medical Insurance Information (Optional):

Name of Medical Doctor: _____

Phone number: _____

Insurance Information (Carrier/Number/name of person who carries the insurance):

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Liability Waiver and Medical Release: Fill out if ages 18 years and older

Notice: This is a binding legal document. Please read carefully and sign. Consult an attorney if you have any questions. It is a release of claims and hold harmless for future accidental injuries or death of the participant and all of his or her family members. It is also an authorization for emergency medical or dental care for the participant.

I, the undersigned, a legal adult and participant, listed below:

Adult Participant's full name

Birth date (MM/DD/YEAR)

Wish to voluntarily participate in the activity/event described below.

Dates/time frame: _____

1. I have inquired about the activity to my satisfaction and am aware of all the inherent dangers and hazards of the above activity/event and the benefits to be gained by myself, the participant, engaging in the activity/event.

2. By signing this form, I understand and agree that neither Buffalo Dream Center, hereinafter known as BDC, nor its agents, officers, directors, employees, volunteers, or ministry partners may be held liable in any way for any occurrence in connection with the above activity/event which may result in illness, injury, death, or other dangers to myself, the participant, or my heirs, family members, or assigns. I waive any such claim for compensation, liability, or reimbursement of any incurred expenses as a result of illness, injury, death or other medical expenses.

3. By signing this form, I understand and agree that neither the BDC, nor its agents, officers, directors, employees, volunteers, or ministry partners may be held liable in any way for any lost, stolen, or damaged property belonging to myself, the participant, or my heirs, family members, or assigns. I waive any such claim for compensation, liability, or reimbursement of incurred expenses.

4. For being allowed to participate in the above activity/event, myself, the participant and all my family members, heirs, or assigns personally assume all risks in connection with the activity. I release BDC, its agents, officers, directors, employees, volunteers, or ministry partners from any injury or damage, which may befall me while engaged in the above activity/event. This release includes all risks connected with the activity/event, whether foreseen or unforeseen. I further agree to save and hold harmless BDC and the above named persons from any claim by me, or family members, estate, heirs, or assigns arising out of the participation in the above activity/event.

5. I authorize any ambulance or hospital emergency service that may be rendered necessary to myself, the participant. I understand that I, the participant, assumes responsibility for the payment of the

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ambulance, doctor, dentist, or hospital fees. I waive any such claim for compensation, liability, or reimbursement of incurred expenses.

6. By signing this waiver, I understand that in the event I, the participant, is sent home or has to leave early from the activity/event listed above, I assume all expenses related to and necessary for the early departure such as but not limited to car rental, transportation expenses, gas expenses, lodging, meals, and airfare. I waive any such claim for compensation or reimbursement of such expenses.

7. Further I give my permission for any and all pictures, audio, videos, or personal testimonies to be used in part or in whole in any and all future publications printed or recorded, (audio or video), without prior notification or royalties by the Buffalo Dream Center

8. Furthermore, I state that I, the participant, am at least 18 years of age and am legally competent to sign this agreement and release; I understand the terms in this agreement and release are contractual and not a mere recital; I have fully informed myself of this agreement and release by reading it before I signed it; I have had the opportunity to consult with legal counsel regarding the effect of this agreement and release, should I so desire; and I have signed this document of my own free act.

Dated this _____ Day of _____ 20_____

Full legal name of Participant (must be 18 years of age or older)

Signature of Participant (must be 18 years of age or older)

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Liability Waiver and Medical Release: Fill out if under the age of 18 years

Notice: This is a binding legal document. Please read carefully and sign. Consult an attorney if you have any questions. It is a release of claims and hold harmless for future accidental injuries or death of the participant and all of his or her family members. It is also an authorization for emergency medical or dental care for the participant. This document must be notarized in the event the participant is under 18 years of age.

I, the undersigned, the parent or legal guardian, of the minor listed below:

Minor's full name

Birth date (MM/DD/YEAR)

Agree to the terms of this waiver and consent for the activity described below.

Dates/time frame: _____

1. I have inquired about the activity to my satisfaction and am aware of all the inherent dangers and hazards of the above activity/event and the benefits to be gained the participant engaging in the activity/event.

2. By signing this waiver, I understand and agree that neither Buffalo Dream Center, hereinafter known as BDC, nor its agents, officers, directors, employees, volunteers, or ministry partners may be held liable in any way for any occurrence in connection with the above activity/event which may result in illness, injury, death, or other dangers to the participant, heirs, family members, or assigns. I waive any such claim for compensation, liability, or reimbursement of any incurred expenses as a result of illness, injury, death or other medical expenses.

3. By signing this waiver, I understand and agree that neither the BDC, nor its agents, officers, directors, employees, volunteers, or ministry partners may be held liable in any way for any lost, stolen, or damaged property belonging to the participant, heirs, family members, or assigns. I waive any such claim for compensation, liability, or reimbursement of incurred expenses.

4. For being allowed to participate in the above activity/event, the participant and all my family members, heirs, or assigns personally assume all risks in connection with the activity. I release BDC, its agents, officers, directors, employees, volunteers, or ministry partners from any injury or damage, which may befall the participant while engaged in the above activity/event. This release includes all risks connected with the activity/event, whether foreseen or unforeseen. I further agree to save and hold harmless BDC and the above named persons from any claim by me, or family members, estate, heirs, or assigns arising out of the participation in the above activity/event.

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5. I authorize any ambulance, hospital emergency service or dental emergency service that may be rendered necessary for the participant. I understand that I assume responsibility for the payment of the ambulance, doctor, dentist, or hospital fees incurred in treating the participant. I waive any such claim for compensation, liability, or reimbursement of incurred expenses.

6. By signing this waiver, I understand that in the event the participant is sent home early from the activity/event listed above, that I assume all expenses related to and necessary for the early departure such as but not limited to car rental, transportation expenses, gas expenses, lodging, meals, and airfare. I waive any such claim for compensation or reimbursement of such expenses.

7. Further I give my permission for any and all pictures, audio, videos, or personal testimonies to be used in part or in whole in any and all future publications printed or recorded, (audio or video), without prior notification or royalties by the Buffalo Dream Center.

8. Furthermore, I state that I am at least 18 years of age, the legal guardian or parent of the participant, and am legally competent to sign this agreement and release; I understand the terms in this agreement and release are contractual and not a mere recital; I have fully informed myself of this agreement and release by reading it before I signed it; I have had the opportunity to consult with legal counsel regarding the effect of this agreement and release, should I so desire; and I have signed this document of my own free act.

Dated this _____ Day of _____ 20_____

Full legal name of parent/guardian

Signature of parent/guardian

Notorization Below:

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Buffalo Dream Center Team Member Rules and Guidelines

The following rules, guidelines, and dress code were read on this _____ day of

_____, 20____, by _____ (“Volunteer”), an
Volunteer’s Name

Individual participating in a mission trip through the Buffalo Dream Center:

1. Submission and respect by Volunteer is to be shown to leadership and staff of the Buffalo Dream Center at all times.
2. Realizing that the city or country being visited is culturally different than where Volunteer is from, Volunteer will not question or argue with the leadership and staff of the Buffalo Dream Center regarding the way they operate the various ministries.
3. Volunteer is expected to follow the same daily schedule as the leadership, staff, and other volunteers of the Buffalo Dream Center.
4. No new romantic relationships will be tolerated among team members.
5. Volunteer is expected to provide his/her own spending money while on the trip. This amount should be based upon Volunteer’s own spending habits.
6. Volunteer is responsible to provide any extra snacks and special food items he/she requires.
7. Smoking on the mission trip is prohibited.
9. No alcoholic beverages, illegal drugs, or pornography are allowed at any time or in anyone’s possession while on the missions trip.
10. Volunteer’s sleeping area is to be kept clean at all times.
11. Proper dress is required at all times. Please see “Dress Code”.

I understand that failure to comply with one or more of these policies could result in my immediate dismissal from property and/or ministry. In the event of a dismissal there will be no refunds for the remainder of the scheduled trip.

I agree to abide by the rules and regulations set forth by the Buffalo Dream Center, and I understand that they may change from time to time due to circumstances that dictate such changes.

I agree to fully support the leadership and staff of the Buffalo Dream Center in word and conduct. I will remain positive and flexible. I understand that they are responsible for the performance, behavior and

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safety of each team member and have the right to request that a rebellious member or group leader be sent home at any point during the mission trip, at his or her own cost.

I have read the above information thoroughly and fully understand all aspects of this document. I fully agree to comply with the guidelines above.

Signature _____

Date _____

Dress Code

1. If Volunteer has to ask himself/herself, "Is this appropriate?" – It is probably not appropriate.
2. The climate of Honduras is hot. Keep this in mind when bringing clothing. Clothing that is loose fitting and modest must be worn.
3. Sometimes evenings are cool. A light jacket or sweater is appropriate.
4. Shorts are acceptable. If Volunteer wears them, they should be of modest length. Capris are also acceptable for ladies.
5. Women's shirts should be of modest length. The stomach should not be visible when the hands are raised. Modest tank tops are acceptable for some activities but not all activities. For males, tight fitting muscle shirts are unacceptable for all activities except when building the house.
6. Volunteer should bring some clothing that he/she doesn't mind getting ruined including an old pair of shoes.
7. Sunday attire: In many churches in Honduras it is considered a requirement for females to wear a skirt. Therefore females must bring a skirt or dress. The skirt must pass your knee. For men cotton pants or nice jeans are acceptable with a button up shirt or polo shirt.
8. Every team member must have at least one pair of running shoes that completely covers the foot and at least one pair of long pants or jeans. This is for your safety at work sites and certain activities. Sandals are acceptable as well for most other activities.
9. Do not bring expensive jewelry or accessories. Remember the Buffalo Dream Center is not responsible for lost or stolen items.

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Personal Recommendation: Confidential

Name of Applicant _____

Applicant: IMPORTANT! Your personal reference completes this form. Please fill out only your name. Please make sure that the person you select as a personal reference is not a relative. The pastoral reference can be your senior pastor, youth pastor, or a pastor on staff at the local church you attend.

Reference: Please complete the recommendation, place it in an envelope, seal the envelope, and send to The Buffalo Dream Center, 286 Lafayette Avenue, Buffalo, New York 14213. Do NOT return this form to the applicant. If you have any questions please call 716.854.1001.

Name _____
Last Name First Middle

Address _____
Street Address

City State / Prov. Zip / Postal Code

Phone Number: _____ E-mail Address: _____

Relationship to the applicant: _____

Please read the following before filling out this recommendation. Serious consideration will be given to your evaluation of the applicant's character and fitness for short-term missions. We need to know as much as possible about our applicants to make fair appraisals of their qualifications, matching all applicants with the best possible ministry opportunity for them. Your responses will be held in strict confidence.

How long have you known the applicant? _____

How well do you know him/her? (circle one)

BY FACE/ NAME CASUALLY FAIRLY WELL VERY WELL

Which of the following best describes the applicant?

E=EXCELLENT AA=ABOVE AVERAGE A=AVERAGE P=POOR U=UNKNOWN

Adaptability____ Servanthood____ Dependability____ Spiritual Life____ Maturity____

Response to Authority____ Spiritual Influence on Peers____ Leadership Ability____

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O=OFTEN S=SOMETIMES R=RARELY N=NEVER U=UNKNOWN

Procrastinates_____ Critical_____ Irritable_____ Inclined to Crushes_____ Depressed_____

Argumentative_____ Domineering_____ Rebellious_____ Punctual_____

Circle YES/NO:

Is the applicant active in his/her church? YES NO

To your knowledge, has the applicant had a salvation experience? YES NO

To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation such as family problems, financial struggles, or a troubled romance? YES NO

Are you aware of any mental or emotional illness or instability in the applicant? YES NO

To your knowledge, has the applicant used tobacco, alcohol, or illegal drugs in the last year? YES NO

Have you ever had reason to question the applicant's morals? YES NO

Do you have any reason to lack confidence in the applicant? YES NO

Based on the above information, for a missionary position with BDC the applicant is:

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Pastor's Recommendation: Confidential

Name of Applicant _____

Applicant: IMPORTANT! Your pastor completes this form. Please fill out only your name. The pastor's recommendation can be completed by your senior pastor, youth pastor, or a pastor on staff at the local church you attend.

Pastor: Please complete the recommendation, place it in an envelope, seal the envelope, and send to The Buffalo Dream Center, 286 Lafayette Avenue, Buffalo, New York 14213. Do NOT return this form to the applicant. If you have any questions please call 716.854.1001.

Name _____
Last Name First Middle

Address _____
Street Address

City State / Prov. Zip / Postal Code

Phone Number: _____ E-mail Address: _____

Relationship to the applicant: _____

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How long have you known the applicant? _____

How well do you know him/her? (circle one)

BY FACE/ NAME CASUALLY FAIRLY WELL VERY WELL

Which of the following best describes the applicant?

E=EXCELLENT AA=ABOVE AVERAGE A=AVERAGE P=POOR U=UNKNOWN

Adaptability____ Servanthood____ Dependability____ Spiritual Life____ Maturity____

Response to Authority____ Spiritual Influence on Peers____ Leadership Ability____

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Procrastinates_____ Critical_____ Irritable_____ Inclined to Crushes_____ Depressed_____

Argumentative_____ Domineering_____ Rebellious_____ Punctual _____

Circle YES/NO:

Is the applicant active in his/her church? YES NO

To your knowledge, has the applicant had a salvation experience? YES NO

To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation such as family problems, financial struggles, or a troubled romance? YES NO

Are you aware of any mental or emotional illness or instability in the applicant? YES NO

To your knowledge, has the applicant used tobacco, alcohol, or illegal drugs in the last year? YES NO

Have you ever had reason to question the applicant's morals? YES NO

Do you have any reason to lack confidence in the applicant? YES NO

Based on the above information, for a missionary position with BDC the applicant is:
