



# EXCHANGE

## YOUR // WORLD

### APPLICATION FOR OVERSEAS INTERNSHIP / TRIP

#### Instructions

1. Please send in your completed application as soon as possible.
2. Application parts to be mailed or emailed to Exchange Your World are:
  - Signature Sheet
  - Application Form
  - Health Information Form
  - Please send the application by email to: [mark@exchangeyourworld.com](mailto:mark@exchangeyourworld.com)
3. Please make sure we receive three confidential reference forms.
  - Put your full name in the blank on all three sheets.
  - If mailing them, as a courtesy, distribute each reference form along with an envelope with postage and address above
  - Give one to a respected leader in your community with whom you are involved weekly (pastor, employer, etc.)
  - Give the other two to individuals (not relatives) who have known you personally during the last year and are 21 years of age or older.
  - Have the three people mail or email the completed forms directly to Exchange Your World ([mark@exchangeyourworld.com](mailto:mark@exchangeyourworld.com)).
4. Read the Risk Statement before signing the application signature sheet.
5. All individuals participating in Exchange Your World trips must have travel insurance. Exchange uses Travel Guard (<http://www.travelguard.com/>) but you are free to use any company you prefer. Your policy must cover the following: trip cancellation, interruption and delay as well as emergency evacuation, medical expenses and delay or lost baggage.

# Exchange Your World Signature Sheet

***By signing below, you agree to the following:***

- All the information I have provided in my application is true to the best of my knowledge.
- Having read the Risk Statement, I am aware of the hazards and risks to my person and property associated with serving in an overseas capacity.
- This is to certify that I will not hold Exchange Your World or its agents liable for injury, disease, or delay of return, or any other claims, while under the auspices of the Exchange Your World internship.
- I understand and accept the organization's policy regarding ransom payments described in the Risk Statement.
- I understand that donated funds sent in to Exchange Your World for the trip are not refundable.
- I understand that as part of the application, I will submit a background check report to Exchange Your World that has been processed within the last 12 months or will authorize such a report.
- EMERGENCY MEDICAL PERMISSION: This is only for emergency situations should the individual be incapable of making rational decisions. In any situation, every effort will be made immediately to reach the person to contact listed on the application. In the event that an emergency arises, I give Exchange Your World and its agents permission to authorize anesthesia, surgery and/or procedures deemed absolutely necessary at the time.
- Exchange Your World will not be responsible for extra trip expenses (ie. airline or hotel fare changes). Should these occur, they will be passed along to the traveler.
- I will conduct myself in a Christ-like manner exhibited through unconditional love, unselfish, joyful service, and unified teamwork
- I will whole-heartedly submit to the team leadership and will follow their direction & instruction
- I understand that Christians in other countries may hold to different standards in regards to debatable issues. I am willing to lay down my freedoms for the sake of unity in the body of Christ.
- I understand that dating relationships and romantic/sexual pursuits are not permitted during the trip.
- I will not leave my team or go anywhere alone, unless absolutely necessary and with permission from leadership.
- I will agree to return home at my own expense if the team leadership determines that my behavior is/has been inappropriate.
- If I decide to cancel my participation after airline tickets have been purchased, I agree to reimburse Exchange Your World for cancellation expenses.
- I agree to allow Exchange Your World or its agents to prepare or produce photos, videos, promotional materials, or other publications, or web pages containing photos or videos with images of the undersigned, and the names & information relating to the undersigned, and the undersigned hereby irrevocably authorizes such use without compensation for any lawful purpose.
- I have read and agree to the above disclaimers.

<b>Name of Applicant (Please print)</b>	<b>Signature of Applicant</b> _____	<b>Date</b> _____
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# Exchange Your World Trip

## RISK STATEMENT

This Risk Statement is to advise participants of the potential risks involved in living and working in third world developing nations and to realize and take full responsibility for the consequences as one assumes those risks. We ask that you gather as much information as you feel necessary and, when you are completely satisfied and confident that this is what you want to do, **read this form and if you agree, sign and return the application form. Keep this form for your records.**

### RISK STATEMENT

Living and working in a third world developing nation carries with it certain risks not found or associated with work in industrialized nations such as the USA and Canada. These risks can include hazards to both your person and property through cross-cultural offenses, accident, disease, criminal, terrorist acts, weather conditions or inadequate medical services and supplies. There can be added emotional and physical stress due to loneliness, culture shock and long hours.

We realize that it is not possible for us to predict, or fully prepare you for every circumstance you will face. However, it is our goal to advise all members of Exchange Your World and all participants in its programs, of the assumed risks associated with work in a foreign country and Exchange Your World's policies, through this Risk Statement. In addition, we encourage you to prepare yourself for service through a number of ways:

- Prepare yourself spiritually, physically and mentally for service.
- Read all you can on the potential country of service.
- Talk with the team leader of the trip you are applying for.
- Contact your government office, such as the U.S. State Department to obtain the most up-to-date information on the area.
- Take any additional steps you feel are necessary.

**Special Note:** In view of the fact that many insurgent, guerrilla and criminal groups commit crimes of kidnapping or other forms of criminal extortion as a means for demanding the payment of ransom, it is important that you understand Exchange Your World's policy in this area. We are deeply concerned for the well-being of each of our members, and will pray and labor diligently for the release of any member taken hostage. However, it is the policy that "Exchange Your World opposes the payment of ransom in any form, cash, commodities or services." Therefore members and participants in Exchange Your World should not assume that ransom will be paid for their release. Exchange Your World recommends, in the event of a hostage being taken, that team members be evacuated to the home country.

**Please keep for personal records**

# Exchange Your World Trip APPLICATION FORM

## A. Personal

1. Full legal name Mr / Mrs. / Miss \_\_\_\_\_  
(last) (first) (middle initial)

Name you go by \_\_\_\_\_

2. Permanent address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

3. Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Male / Female

4. Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

If married, spouse's name \_\_\_\_\_

5. Current, or most recent, employment \_\_\_\_\_

Brief description of previous work experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Home Church (what you consider your main church community)

----- Denomination: -----

Do you attend regularly? Yes No

Church Address (address or PO Box)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Pastor \_\_\_\_\_

Pastor's email \_\_\_\_\_

7. Highest level of education completed

\_\_\_\_\_

Name of College(s) attended or attending

\_\_\_\_\_

Major(s) \_\_\_\_\_

Campus activities and/or ministry involvement

\_\_\_\_\_

\_\_\_\_\_

## B. Travel

1. Have you traveled internationally before? \_\_\_\_\_ No \_\_\_\_\_ Yes

Countries \_\_\_\_\_

2. Do you currently have:

a. Certified birth Certificate?	Yes	No
b. Current passport?	Yes	No

3. If yes, passport # \_\_\_\_\_ Expires \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Country issued by \_\_\_\_\_

**If you don't have a passport, begin applying for one now.**

## C. Skills and Talent

Please write the appropriate code next to skills/ talents you possess.

1- Average    2- Better than average    3- Professional

### Construction

- Carpentry \_\_\_\_\_  
 - Painting \_\_\_\_\_  
 - Masonry \_\_\_\_\_  
 - Roofing \_\_\_\_\_  
 - Electrical \_\_\_\_\_  
 - Plumbing \_\_\_\_\_  
 - Other (please specify) \_\_\_\_\_

### Business

- Computers \_\_\_\_\_  
 - Accounting \_\_\_\_\_  
 - Other (Please specify) \_\_\_\_\_

### Web

- Design/ graphics \_\_\_\_\_  
 - Writing \_\_\_\_\_

### Teaching

- Teaching school \_\_\_\_\_ class(es) age/ grade \_\_\_\_\_  
 - Children's ministries \_\_\_\_\_  
 - Other (Please specify) \_\_\_\_\_

### Photo/ Video

- Digital Photography \_\_\_\_\_  
 - Video Recording \_\_\_\_\_  
 - Video Editing \_\_\_\_\_

### Medical

- Nursing \_\_\_\_\_  
 - Physician \_\_\_\_\_  
 - Dental \_\_\_\_\_  
 - EMT \_\_\_\_\_  
 - Lifeguarding/ CPR \_\_\_\_\_  
 - Other (Please specify) \_\_\_\_\_

### Music

- Instrument \_\_\_\_\_ (Please list) \_\_\_\_\_  
 - Vocal \_\_\_\_\_  
 - Production/ Sound Recording \_\_\_\_\_

### Performance

- Puppetry \_\_\_\_\_  
 - Drama \_\_\_\_\_  
 - Dance \_\_\_\_\_  
 - Other (Please specify) \_\_\_\_\_

**Other skills or abilities**

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## D. Background

1. Briefly tell us about how you became a Christian
2. Briefly describe any cross-cultural and/or missions experience you've had and how it impacted you
3. Why are you applying for this internship?
4. What impact are you anticipating this trip will have on you?
5. Describe the types of relationships you hope to build with the people
6. What impact do you expect your internship team will have on the area?

I hereby release Exchange Your World to share any of the above information included in this application with any Exchange Your World Leadership as it sees fit.

\_\_\_\_\_  
**Name of Applicant (Please print)**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

# HEALTH INFORMATION FORM

(This needs to be filled out by the applicant and returned with the completed application.)

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Sex:  Male  Female

In case of emergency, notify: \_\_\_\_\_ Relationship \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone (\_\_\_\_\_) \_\_\_\_\_

1. Have you ever suffered a serious illness, had surgery performed or been hospitalized?  No  Yes  
If yes, date \_\_\_\_\_
2. Do you have any known allergies?  No  Yes  
(Please List) \_\_\_\_\_
3. Do you have any dietary restrictions, food allergies, or convictions regarding types of food?  No  Yes  
If yes, please explain \_\_\_\_\_
4. Are you currently using any medications? (include prescription and non-prescription drugs, dietary supplements, herbs, etc.)  
 No  Yes  
If yes, please list \_\_\_\_\_
5. Are you currently receiving medical treatment or under medical observation for anything?  No  Yes  
If yes, please explain \_\_\_\_\_
6. Have you ever been treated for (or are now suffering from) emotional difficulties? (eating disorders, depression, anxiety, phobias, etc.)  No  Yes  
If yes, please explain \_\_\_\_\_
7. Do you have any other limitations or significant health conditions which might affect your active involvement with the team or which you believe your physician would want us to know about?  No  Yes  
If yes, please explain \_\_\_\_\_
8. Do you have any chronic chest, back, or joint pain?  No  Yes
9. Do you have any limitations to strenuous physical work?  No  Yes  
If yes, please explain \_\_\_\_\_
10. Do you have a problem being active in heat and humidity?  No  Yes  
If yes, please explain \_\_\_\_\_
11. **IMMUNIZATIONS:** It is the responsibility of the team member to determine and obtain immunizations and preventative health measures which are necessary for your destination. The Center for Disease Control & Prevention has a Travelers Health Section on their website (<http://wwwnc.cdc.gov/travel/default.aspx>) where this information may be obtained.