

Hearts Afire, Inc.
1425 S. Osprey Ave., Suite 7
Sarasota, FL 34239
(941) 552-1584

ASSUMPTION OF RISK AGREEMENT

Mission Destination (check one only)

- Haiti Relief Project Date: _____**
- Dominican Republic March 14-21, 2010** **Ghana, Africa July 3 - 14, 2010**
- Peru June 19 – 27, 2010** **India December 1 – 11, 2010**

Applicant Name – each person travelling must fill out their own form

Do not use nicknames or partial name. Please print full name as shown on your Passport or Passport Application Form.

Drop off or mail this application with a notarized copy of your passport photo page,
And trip payment made payable to:
Hearts Afire, Inc.
1425 S. Osprey Ave., Suite 7
Sarasota, FL 34239

Representing and collaborating with Hearts Afire, Inc. by handling the trip organization. This paperwork represents Hearts Afire, Inc.

Hearts Afire, Inc.
1-941-552-1584
Fax 1-941-552-1571
barb@heartsafire.us

Vilma Vega, M.D. and Joseph Pecoraro, M.D.
vvega@heartsafire.us
jpecoraro@heartsafire.us

* Completion of this form constitutes my application for consideration as a short-term missionary providing ministry in a Christian mission setting. All information is confidential and will only be shared as needed to obtain airline tickets, visas, insurance, customs & immigration clearance, and as requested by other government officials in the country of service. By signing on the line below, I agree to begin the application process for the project as stated. I have also read and agree to allow personal information to be shared as stipulated in the *paragraph above. **Note – All 7 pages of the Application require a signature or initials! The Assumption of Risk and copy of Passport photo page require a signature and must be notarized.**



Signature

Date

General Information

Name _____ Birth date ____/____/____ Male Female

Home Address _____ Social Security # _____

City _____ State _____ Zip Code _____

Phone ()- - Cell ()- - Fax ()- -

E-Mail _____

Marital Status Married Single Widowed Divorced Seperated Remarried

Spouse's Name _____ Number of Children _____

Emergency Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone()- - Cell ()- - Relationship

Health**Please check if you have any of the following medical conditions:**

Allergies	Heart Disease
Arthritis	Hypertension
Asthma	Hypoglycemia
Bleeding Disorders	Migraines
Chronic Anxiety	Obesity
Depression	Sleep apnea
Diabetes	Physical Limitations
Dietary Restrictions	Seizures
Fibromyalgia	Back or Neck Problems
Gastrointestinal disorders	Other (specify)
Glaucoma	
Hearing/vision problems	

Are you currently taking or do you regularly take any medicines (including over-the-counter meds)? List all.

Allergies: Do you have any allergies to meds, latex, foods, insect or other items? ____ Explain in detail:

Gastrointestinal: Do you have any gastrointestinal problems or special dietary needs? ____ Explain in detail:

Sleep Disorders: Do you have any sleep disorder, sleep apnea, or severe snoring? ____ Explain in detail:

Diabetes: Do you have insulin dependent diabetes? ____ All diabetics should have adequate insulin supplies & equipment, glucose tablets & appropriate snacks for management while travelling.

Applicant Initial: Date:

Back/Neck Problems: Do you have any back/neck or muscular problems that limit significantly your mobility?

Vision/Hearing: Do you wear eye glasses or contacts? ___ Do you have another set? ___ Hearing Aids? ___

General Health: Excellent ___ Good ___ Average ___ Poor ___

Have you had surgery, hospitalizations or major health problems within the past two years?

Are you currently under a doctor's care for any medical conditions? ___ Explain in detail:

Education

Highest Grade Completed _____ College _____
 Degree _____ Year Completed _____
 Internship _____ Type _____
 Residency _____ Type _____
 Military Service _____

Employment

Occupation _____ Years _____
 Job Description _____
 Employer _____
 Address _____
 State _____ Zip Code _____
 Phone ()- - _____ E-Mail _____

Medical/Dental Personnel Only (Attach Current Copy of All Medical or Dental Licenses)

Specialty(ies) _____
 Board Certification(s) _____
 Current Medical License No. _____ State _____ Expires _____
 Practicing: ___ Full-Time ___ Part-Time ___ Retired ___ Student in ___ Year ___ Intern ___ Resident in ___ Year

Passport Information

Do you have a passport valid for 6 months from the date of entry into the country you are serving? _____
 Passport No. _____ U.S. Citizen? _____
 Date Passport Issued ___/___/___ Issued at _____
 Passport Expiration Date ___/___/___ (Or) Date of Passport Application ___/___/___

If holder of a current passport, please include a notarized copy of passport photo page with this application and any addendum page that verifies a recent name change.

Applicant Initial: _____ Date: _____

Missionary/Medical Experience

Please list agencies, places, dates of previous mission/ministry experience: _____

Do you speak another language? _____ Could you serve as an interpreter if needed? _____

Assignment preference for this mission project: ___provider___pharmacy___spiritual___interpreter
___music___mime & drama___minister___street ministry___teacher (of _____)
___general support___home visits/witnessing___construction___well drilling___children's ministry

Faith Testimony

What is your faith? _____

What is your understanding of the basis for your salvation? _____

In your daily life, what does Jesus Christ mean to you? _____

Please list the name and address of the place you worship, your priest, rabbi's or pastor's name, and your denomination _____

Please list your personal goals for this mission project _____

Remember...be flexible! _____

Applicant Initial

Date

Hearts Afire, Inc. Statement of Faith

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe in the triune Godhead as eternally existent in three persons: Father, Son, and Holy Spirit
3. We believe in the deity of Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, through His shed Blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His present priestly ministry.
4. We believe in evangelistic and missionary fervor and endeavor.
5. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential. We further believe in the keeping power of God.
6. We believe in sanctification and holiness of heart and the overcoming life as God's design for the Church.
7. We believe in the Baptism of the Holy Spirit as on the day of Pentecost and in the continuing ministry of the Holy Spirit as evidenced in His fruit in the life of the believer.
8. We believe that divine healing is obtained on the basis of the Atonement.
9. We believe in Christ's imminent personal return in power and great glory, and in His present and everlasting dominion.
10. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of eternal life and they that are lost unto the resurrection of eternal punishment.
11. We believe that the ordinances of baptism by immersion in water and observance of the Lord's Supper should be regularly practiced in the local assembly.
12. We believe that it is the duty and privilege of every believer to, within his ability, support the local assembly with his ability.
13. We believe that tithing, accompanied by free-will offerings, is God's ordained method to finance the spreading of the Gospel and the needs of the local assembly.

Statement of Personal Conduct

The primary distinction that sets Hearts Afire, Inc. apart from many other short-term mission sending-agencies is the emphasis we place on prayer and ministry within our teams. **Not only do we go abroad to minister to others. We also go to get outside our comfort zones and place ourselves in a position to hear the Lord speak to us in ways we don't hear at home.** This requires a process that goes beyond the simple sharing of Christian fellowship. It requires developing true spiritual unity within a cohesive team. Team members agree to lay aside the things that separate us doctrinally and to join together as brothers and sisters in Christ and focus on what binds us together. We also agree to facilitate mutual growth by sharing our own insights and experiences during the times that are set aside for spiritual reflection, prayer, and praise to God. By serving others together in unity, we bond in kindred relationships that can last a lifetime.

Our behavior has a much more profound impact upon people than what we say. Therefore, it is critical that we model behavior that is truly Christ-like, both publicly and privately. Paul tells us that the things in which we may have liberty can be a stumbling block to others (1 Corinthians 8:9.) Hence, we do not wish to give offense and defeat our purpose by careless actions or dress. **Hence, no alcohol or tobacco products are allowed on Hearts Afire trips.** In coming alongside our brothers and sisters in Christ in developing countries, we need to be sensitive to their world-view and willingly lay aside everything that might hinder our ministry in their perception. We must bear the responsibility of bridging the cultural differences. **We want to be perceived as messengers, not "tourists."**

Release

I have read all seven pages of the Hearts Afire, Inc. application and accept its provisions and agree to live, work and serve in accordance with them. I, the undersigned, realize in accepting a term of volunteer service, it is with the clear understanding that **Hearts Afire, Inc.** (nor any of the associated ministries) does not assume responsibility for loss of my property, damage to the same, personal harm or illness that may come to myself or those who travel with me. I, for myself, my heirs, executors, administrators, and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby release and forever discharge **Hearts Afire, Inc. and/or** any of the associated ministries as related to this mission project, their directors, officers, and employees from liability for any claim or demand which I or my heirs, executors, administrators, or assigns, might otherwise assert upon the basis of any of the foregoing. In volunteering, I recognize that I do not become an agent or employee of **Hearts Afire, Inc.** or of any of the associated ministries in rendering my services and I agree to hold Hearts Afire, Inc. and any of the associated ministries as related to this mission project harmless from any claim that might arise out of any acts performed by me while serving as an **Hearts Afire, Inc.** volunteer.

Applicant Signature for Hearts Afire, Inc. – Volunteer Service

Date Signed

Hearts Afire, Inc.
1425 S. Osprey Ave., Ste. 7 Sarasota, FL 34239
Phone: (941)552-1584 Fax: (941)552-1571

ASSUMPTION OF RISK AGREEMENT

I, _____,
(Applicant Name)

agree as follows on behalf of Hearts Afire, Inc. and their affiliated network of missionaries/agencies:

(1)

I am aware of the emotional and physical hazards and risks to my person and property associated with the overseas medical/evangelism and/or other missionary activities for which I am applying. Such hazards and risks include, but are not limited to, death or injury by willful acts, accidents, disease, terrorist acts, weather conditions, improperly prepared or contaminated food, and inadequate medical facilities and medical supplies. I volunteer my services on behalf of Hearts Afire, Inc. and their affiliated network of missionaries or agencies despite such hazards and risks both known and unknown. I assume the risks of death, injury, and damage associated with such risks.

(2)

I attest and verify that I am physically fit and have no medical conditions that would prevent me from performing the volunteer services for which I am applying.

(3)

I waive any and all claims for incurred damages which I may have against Hearts Afire, Inc., and/or the affiliated network of missionaries or agencies related to this mission trip now or at any future time.

(4)

Travel and work will be in an underdeveloped nation therefore it may be difficult or impossible for Hearts Afire, Inc. and/or its representative network of Missionaries/Agencies to guarantee or meet special dietary needs.

(5)

Concern with participants who go off on their own – separate from the group (excluding sightseeing) – they will be on their own and Hearts Afire, Inc., or its representative network of Missionaries/Agencies will assume no responsibility. For security reasons Hearts Afire, Inc. and/or the affiliated network of missionaries or agencies related to this mission trip, advises that for personal safety that participants refrain from traveling or engaging in any activity outside of the scope of the organized mission.

(6)

During the trip still photographs and/or video film may be taken and used for Hearts Afire, Inc. promotional materials. I agree to release Hearts Afire, Inc. to use these photos and/or video.

(7)

I am aware that mission trips to disaster areas can be extremely strenuous and stressful. They may include long plane, train or bus rides. Volunteers are required to carry their own luggage and there can be a considerable amount of walking between lodging and meeting locations, in addition to the possibility of walking through damaged roads. Restrooms are not always readily accessible. Some mission experiences require long hours of demanding work with limited time to rest. Sleeping arrangements may not be comfortable and in most instances, you will share accommodations with one or more persons. Air quality may be poor, a supply of potable water may be limited, and a stable source of electric energy, if any, cannot be guaranteed. Food supply may be limited, mealtimes are not always consistent and the ability to meet specific dietary needs is often restricted. Access to emergency medical care is very limited and resources may be scarce in the area we are working.

(8)

I also understand that many things are outside Hearts Afire, Inc.'s control in a disaster response situation. There may be days or weeks where conditions and/or circumstances change daily, or even hourly. I understand that I may be working in one location under a certain set of circumstances in the morning and a different place with different challenges in the afternoon. Or there may be days on end when I do repetitive tasks with minimal supplies. I know that as events unfold I may be called upon to wait, to move quickly, or do other tasks as the situation demands. I understand that due to weather or other circumstances, the Medical Mission's schedule may change and/or be canceled with little or no notice.

Applicant Initial _____ **Date** _____
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Hearts Afire, Inc. - Medical Mission Trip

_____ **
Mission Site _____ Departure Date _____

_____ **Date** _____

Signature of Volunteer Applicant **(*Signature & Date Are Required*)**

Notary Public – Signature/Seal

My Commission Expires On: _____

Sworn to and Signed Before me on _____, 20_____

Hearts Afire, Inc. Assumption of Risk form – 2010 Trips (Rev. 1/28/10) seven (7) pages total