



## Less Than A Month Intake Form Packet Instructions

(Required of all visitors/volunteers for less than one month)

We look forward to your upcoming visit to SIM in . Thank you for all you have already done to spiritually and physically prepare yourself for this trip.

In this document there are several forms designed to walk you through the things you need to think about in preparation for a trip like this; we want you to have the best possible experience! We want to be well equipped to serve you if something bad were to happen; providing the requested information will not only help keep you safe, it will also safeguard our team. We need you to complete and return to your team coordinator as soon as possible each of the forms below.

The **Less Than A Month Member Intake Form** you have completed! This is required of everyone intending to be involved in ministry. It provides useful information for coordinators both here and at the ministry site.

The **SIM Statement of Faith** document summarizes the core beliefs held by all SIM personnel. As an interdenominational agency we celebrate the theological and practical diversity of our people, which is what distinguishes us from nondenominational agencies. Signing the Statement of Faith document affirms your agreement with those core beliefs.

The **Medical Information Sheet** requests information helpful to us in case of emergency. We want to care for your needs should a medical concern arise during your time of service! Unless there are special health problems, the medical form is good for three years, so it will be ready and available for future trips. Please be sure your blood type is included!

The **Vaccination Information Form** identifies the required vaccinations and requests response as to the dates the vaccine was (or will be) received.

The **Liability Release Form** is a document acknowledging the many things typically overlooked by tourists. It is not meant to scare you, just to ensure that you and your family recognize the seriousness of the decision you have made.

The **Child Safety Training Video** section outlines what is expected of each team member aged 18 and above concerning the safety of children, those of the people whom we serve and our own. Please carefully follow the instructions and complete the training because failure to do so puts all of us at risk.

The **Human Sexuality and Sexual Conduct** and **Child Safety Code of Conduct Policy Agreement** page is a one-page document each team member must understand, sign, and return to SIM.

### General Instructions

Please click "Save As" and rename this file with your last name, first name, location, and team leader's name. For example, "Smith,John\_Bolivia\_Joe Person Team.doc."

### Thank You!

*SIM USA Short Term Department exists to equip and launch individuals to develop a passion for lifelong ministry around the world*



## Team Member Intake Form

(Required of team members, volunteers, and visitors)

Please click "Save As" to rename this file and include your name.  
(ex. Smith, John\_Bolivia\_First Church Team.doc)

Please complete and email to your team leader or if directed, email to [simusa.shorttermteams@sim.org](mailto:simusa.shorttermteams@sim.org). Thank you!

Today's Date: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Name: \_\_\_\_\_ Country Visiting: \_\_\_\_\_  
(Full legal name as appears in passport)

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Home Church**

Church Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Role / Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact Information (other than someone traveling with you)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Do your parents / immediate family approve of this trip? Yes No (If no, please explain)

Are there any physical, medical, emotional or spiritual issues that need to be addressed, including effects from any medications taken (list all medications on medical sheet) that we should know about?

Yes No If yes, explain: \_\_\_\_\_

## SIM Statement of Faith

### *GOD*

There is one God who exists eternally in three persons: Father, Son, and Holy Spirit. God is the almighty Creator, Saviour and Judge who governs all things according to his sovereign will and is accomplishing his purposes in creation and in the Church to his glory.

### *THE FATHER*

God the Father is the source of all that is good. He initiates creation and redemption which he accomplishes through his Son and the Holy Spirit.

### *GOD'S WRITTEN WORD*

The Bible, consisting of the Old and New Testaments, is God's written Word, revealing for all peoples his character and purposes. It is the final authority in all matters relating to belief and behaviour. The Holy Spirit moved the human authors of the Bible so that what they wrote is inspired, fully reliable and without error in all it affirms.

### *THE HUMAN RACE*

Humanity is the climax of God's earthly creation, bearing his image, designed for relationship with him, and being the object of his redeeming love. All people have sinned. This results in guilt, death and alienation from God as well as the defacing of every aspect of human nature. People are unable to save themselves from sin's penalty and power and from Satan's dominion.

### *JESUS CHRIST*

Jesus Christ, both fully God and fully man, entered history as Saviour of the world. He was conceived of the Holy Spirit, born of a virgin, and lived an exemplary, sinless life in perfect submission to the Father and in loving relationships with others. He died on a cross, rose bodily and ascended to heaven where he is advocate for his people and is exalted as Lord of all.

### *SALVATION*

Christ's sacrificial death, in which he bore the punishment due to sinners, is the only and all-sufficient basis of God's provision of salvation for all people of every culture and age, expressing his love and satisfying his justice. By God's grace the repentant sinner, through trusting alone in the Lord Jesus Christ as Saviour, is put right with God, adopted by the Father into his family and receives eternal life.

### *THE HOLY SPIRIT*

The Holy Spirit makes the work of Christ effective to sinners, giving spiritual life and placing them into the Church. He indwells all believers, empowers them to love, serve, witness and obey God, equips them with gifts and transforms them to be increasingly like Christ.

### *THE CHURCH*

The universal Church is made up of all who have been born of the Spirit. It finds local expression in communities of believers called by God to worship, fellowship, proclaim the Gospel and make disciples among all peoples, reflect God's character, engage in works of compassion, contend for truth and justice and celebrate baptism and communion.

### *THE SPIRIT WORLD*

The holy angels are personal spirit beings who glorify God, serve him, and minister to his people. Satan is a spiritual being who was created by God but fell through sin. He, along with other evil spirits, is the enemy of God and humanity, has been defeated by the work of Christ, is subject to God's authority and faces eternal condemnation.

### *THE FUTURE*

The Lord Jesus Christ will visibly return to the earth in glory and accomplish the final triumph over evil. God will make everything new. The dead will be raised and judged. Unbelievers will suffer eternal punishment in separation from God; believers will enter into a life of eternal joy in fellowship with God, glorifying him forever.

I affirm my agreement with the SIM Statement of Faith

Signature

mm/dd/yyyy

# Medical Information Sheet

(Required of team members, volunteers, and visitors)

Name:

Date of Birth:

Overall Condition of Health:  Poor  Fair  Good  Excellent

Blood Type:  recommended Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Vision (N/N): \_\_\_\_\_

Specify if you have any food allergies or special dietary needs:

Specify any medications you take on a regular basis:

Are you allergic to any medications?  No  Yes (To what? \_\_\_\_\_ )

Please explain any medical, dental, emotional, or special needs you have:

**Check "Past" if experienced in the past and "Current" if you are presently experiencing these conditions.**

Past	Current	Past	Current	Past	Current	Past	Current				
<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Treatment for Depression
<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever or other Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Excessive Fatigue
<input type="checkbox"/>	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal Trouble or Colitis	<input type="checkbox"/>	<input type="checkbox"/>	Nervous Breakdown
<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Severe Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Stones	<input type="checkbox"/>	<input type="checkbox"/>	Bipolar or Manic Depression
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Lung Disease	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Drug Flash-Back
<input type="checkbox"/>	<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Disturbances
<input type="checkbox"/>	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia Nervosa			
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Trouble									

We need to have information from your physician regarding any significant medical and/or emotional problems that currently affect you. Correction of any problems regarding vision, hearing, or dental care should be completed before short-term service begins.

**By typing my name and date in the blanks below, I grant permission for this information to be shared with the SIM USA Medical Office and the appropriate SIM field administrator(s) to care for my health needs should a medical issue arise during my time of field service.**

Signature

Date

For Internal Use

Reviewed by:

Date:

Comments:



## Vaccination Information

(Please list the date you received the required vaccinations for your country)

Name:	Date of Birth:
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Vaccine	Date Completed
Hepatitis A	
Hepatitis B	
Meningococcal Meningitis	
Malaria Prophylaxis	(started pills)
Rabies	
Tetanus Diphtheria	
Typhoid	(shot or pills)
Yellow Fever	
Polio as an adult	



## Liability Release Form

(Required of all team members, volunteers, and visitors)

Please read before signing. This document establishes an agreement between SIM and you in your role as a volunteer. It further assumes you understand your working relationship as a volunteer.

I, \_\_\_\_\_, have chosen to visit SIM in \_\_\_\_\_. I am being hosted in this SIM-related country by SIM missionaries, \_\_\_\_\_. I enter into this Release of Liability on the following terms and conditions.

- I understand that all costs incurred while on this trip will be my own responsibility. These costs include, but are not limited to, ticket purchase, visa acquisition, airport tax, inoculations, emergency medical costs, domestic travel within this SIM-related country, and room and board in SIM guesthouse facilities.
- I accept that risks might accompany overseas travel and activities, many of which are not normally experienced in North America. I understand that the risks inherent to such travel include, but are not limited to: the risk of civil or political unrest, war, terrorism, and crime; arbitrary detention or imprisonment by political, military, or revolutionary groups or authorities; exposure to food- and water-borne disease and to disease from other agents or sources, known or unknown; lessened regulatory and privacy standards in matters of health, safety, welfare, and property rights; kidnapping; travel-related incidents; and other risks not specifically listed above. I know that SIM has a stated policy not to pay ransom or other extortion in the event of being taken hostage.
- I accept the risk of personal injury, death or property damage, loss or destruction, which might attend the activities I undertake while visiting this SIM-related country. I grant my permission for SIM or its designee to take me to a doctor for medical treatment, including hospitalization or emergency surgery, if the need should arise, and I assume the responsibility for all medical bills resulting from such treatment. I understand that the medical facilities and personnel available and the standard of care supplied may not be of the quality generally available in North America.
- I understand that I am responsible to provide proof that I have obtained medical and emergency evacuation insurance (minimum \$100,000 coverage each), including repatriation of my physical remains. Here are some providers ([Specialty Risk Insurance](#), or [insuremytrip](#)) or SIM USA can arrange for this at a discounted cost.
- I understand that I am responsible to obtain the inoculations necessary to visit this SIM-related country and, if requested, will provide proof that I have obtained them (see <http://wwwnc.cdc.gov/travel/destinations/list>). If applicable, I will also ensure that I have with me appropriate antimalarial prophylaxis.
- I understand and accept that I am not officially working under the auspices of SIM even though I may help my SIM host on a specific project or ministry outreach.
- I have made my decision to go on this trip only after a reasonable, independent inquiry into all matters of concern to me. Therefore, neither I nor my estate, heirs, executors, or administrators shall hold SIM or any of its representatives, agents, or designees responsible or liable in any way for any loss, damage, or personal injury, including death, which may result from this trip.

I agree that if any part of this Release is deemed to be invalid or unenforceable, the remaining portions will continue in full force and effect. I acknowledge that I am not relying upon any representations made to me by SIM, or any of its representatives, relating to the conditions in my visit with my SIM host. I acknowledge all of the aforementioned risks, and any other risks that might be incidental to my trip, and hereby accept those risks of my own free will. I assert that I have read and fully understand the above Release of Liability, and hereby sign voluntarily and without duress or coercion of any sort.

### Early Electronic Signature

In advance of my arrival on this SIM field, I am affixing my electronic signature. By typing my name and date below I agree to the conditions of this Release and I also agree to deliver this form with my written signature before my arrival in country or to my group leader, if appropriate.

Electronic Signature (volunteer): \_\_\_\_\_

Date: \_\_\_\_\_

Electronic Signature (parent or guardian if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

Address of parent or guardian (if different than on the Volunteer Intake Form above):  
\_\_\_\_\_



## Child Safety Video Instructions

("Control + Click" activates the links below)

Everyone who serves with SIM in any capacity for any length of service is required to complete a short child safety training course, which we provide via a 25-minute, Internet-based video and learner's guide. Here are the instructions for how to complete this task. Your team leader may want you to complete this step together as a group, so please confirm the plan with her/him. Additional resources are below too.

### Training Video and Guides:

- Training Video ([English](#), [Korean](#), [Deaf](#))
- [Learner's Guide](#)
- [Leader's Guide](#)
- [Answers to Learner's Guide Questions](#)
- [Discussion Guide](#)
- [Suggested Responses Guide](#)

## Background Check

("Control + Click" activates the links below)

A criminal background check is required of everyone aged 16 and above. You may send a copy of the report dated within the last year if your church or business has recently conducted one. Confirm with your team leader whether each of you on your team will complete his/her own or use SIM's contracted service.

Here's how to use SIM's service.

- Control + Click the following link to enter the requested information and give consent for your background check [SIMUSA Background Check](#).
- Email your team leader upon completion.
- Your team leader will inform you concerning payment for this service.

Thank you for your compliance. Please contact us with any questions that may arise.



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## SIM USA Human Sexuality and Sexual Conduct and Child Safety Code of Conduct Policy Agreement

[Human Sexuality and Sexual Conduct](#)

(use links to read)

By my signature below I do hereby declare:

- I understand that any sexual misconduct, including but not limited to premarital and extramarital sexual relationships, homosexual acts, use of pornography, child abuse, and sexual harassment, is unacceptable in those who serve as part of SIM.
- I recognize that failure to adhere to the standards set forth in these policies may result in unilateral disciplinary action, which may include public disclosure.
- I recognize that in cases of suspected violation of civil law that SIM may be required to report incidents of alleged sexual misconduct to appropriate authorities.

[Child Safety Code of Conduct](#) / [Child Safety Definitions](#)

(use links to read)

I agree to adhere to these policies during my service with SIM or with any entity to which I may be seconded by SIM:

- I agree to adhere to the behavioural standards as described in the Human Sexuality and Sexual Conduct Policy and the Child Safety Code of Conduct Policy documents.
- I agree to immediately report to the appropriate leadership any reasonable suspicion or disclosure of inappropriate behaviour between adults and minors and to cooperate in keeping the children of our community safe.
- I agree that violations of SIM's Child Safety Code of Conduct may be reported by SIM to other religious organizations with which I am presently, or may in the future, be affiliated.

In advance of my arrival on this SIM field, I am affixing my signature. By signing my name and date below I agree to the conditions of this **Human Sexuality and Sexual Conduct Policy** and **Child Safety Code of Conduct Policy** statement and I also agree to deliver this form with my written signature to my group leader (if appropriate) or return it to SIM USA. I hereby acknowledge that I have read the **Human Sexuality and Sexual Conduct Policy** and the **SIM USA Child Safety Code of Conduct Policy**.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that signing this document includes my agreement to uphold future updates to the **Human Sexuality and Sexual Conduct Policy** and the **Child Safety Code of Conduct Policy** documents.