



Medical & Dental Mission of CoG 7th Day

"Let your light shine before men, that they may see your good deeds and praise your Father in heaven." - Matthew 5:16



**2017 SHINE Medical & Dental Missionary Project
APPLICATION FORM for Peru Mission**

Due 8/31/2017

Full Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ e-mail: _____

Birth date: _____ Gender: _____

Pastor: _____ Phone: _____

Passport #: _____ Expiration Date: _____

If bilingual, specify languages spoken _____ T-Shirt Size: _____

NEW APPLICANTS: Must attach a current photo of yourself (or copy of your passport photo).

SPIRITUAL: (In response to question #1, if you are not a member of the General Conference of the Church of God [Seventh Day], instead please indicate what church you belong to.)

- 1) How long have you been baptized and a member of the Church of God (Seventh Day)?
- 2) Why are you interested in participating in this mission to Peru?
- 3) What talents/abilities do you have which will contribute to the missionary effort in Peru?
- 4) What are your personal goals for this mission?
- 5) Please share your thoughts on Christian service (importance, avenues, etc.).

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EDUCATIONAL:

- 1) What is the highest educational level you have completed?
- 2) What classroom or other training, if any, have you had relating to missions work?
- 3) What are your personal goals related to your involvement in this mission?
- 4) Do you have any previous experience working in medical/dental missions? If so, when, where, and with what organization?

FAMILY:

- 1) What is your family background (i.e. relatives' involvement in church...)?
- 2) Are you going through any family or personal issue right now that could hinder you in this ministry?

HEALTH:

- | | | |
|---|-----|----|
| 1) Do you handle stress well? | Yes | No |
| 2) Do you have any allergies? | Yes | No |
| 3) Do you have any physical limitations or disabilities that we must take into account? If yes, what? | Yes | No |
| 4) Do you have a history of serious illness(es)? If yes, please explain. | Yes | No |
| 5) Do you get carsick easily? | Yes | No |
| 6) Are you currently taking medication(s)? If yes, list them. | Yes | No |
| 7) Are you able to handle brief periods of little sleep well? | Yes | No |
| 8) Do you consider yourself to be emotionally stable? | Yes | No |

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NOTE: If you are accepted for the mission to Peru, you are not to bring any other family members or friends. Each person is to go through the application process individually. A great deal of time, preparation and support goes into selecting and providing for a mission team. No extra people, please.

You will need to make sure that all of your immunizations and tetanus shots are current. Please see your personal physician or local health department for a consultation in this matter.

You are also responsible to have all identification necessary to be traveling outside the United States of America. (Passport is compulsory.)

REFERENCES:

- 1) Please list two references (pastor, co-worker, employer) other than a family member, the relationship of each to you, along with addresses and phone numbers.
 - a. _____
 - b. _____
- 2) Please have two letters of recommendation—one from your local pastor/lay pastor, and the other from any one of the below-listed positions (a-c)—e-mailed directly to Gloria Marquez, SHINE Secretary, at layoyeena@aol.com.
 - a. A local church leader (stating leadership position held)
 - b. A community member (professor, co-worker, business person, supervisor, etc.)
 - c. A friend who has known you for a long time.
- 3) In a separate e-mail, please write your **own personal testimony**, telling how you accepted Christ into your life; then e-mail it at the same time you e-mail your application.

EMERGENCY CONTACT INFORMATION:

Name _____

Address _____

City, State, ZIP _____

Phone _____

Phone (work) _____

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I feel this is a ministry experience that God is calling me to be involved in, and I will do my best to make this a successful ministry. I certify that I have answered all of the previous questions as honestly as I can. I understand that this form is confidential and will only be viewed by those involved in the application process of the Medical/Dental Missions program.

Signature _____ Date _____

*****Complete applications must be received via e-mail by August 31, 2017.** ***Note: electronic applications are a recent procedure.* Individuals interested in becoming part of the 2017 Medical & Dental Mission Team to Lima, Peru, must e-mail their complete applications to Gloria Marquez, SHINE Secretary, at layoyeena@aol.com.

Your application packet should include:

- (1) the complete **application** form posted at <https://cog7.org/shine-mission-to-peru>
- (2) your **personal testimony**
- (3) **two** letters of reference

*(***MANDATORY) If you are a DOCTOR or DENTIST or NURSE or MEDICAL ASSISTANT, you must also submit items 4 and 5 (below) with your SHINE application:*

- (4) a **notarized copy of your medical degree**
- (5) a **notarized copy of your current license to practice** in your medical field.

Beginning this year, applications and letters of recommendation will be accepted only if e-mailed to SHINE Secretary Gloria Marquez layoyeena@aol.com. For the mission to Lima, Peru, they must be received by August 31, 2017.

Applications will be screened and team members selected and notified by the end of the second week in September. If you are selected for the SHINE Mission team to Lima, Peru, you will then need to complete two other new procedures within two weeks.

- a. You will be e-mailed a waiver (release of liability)—which you need to complete and have notarized.
- b. Send the notarized waiver and a \$50.00 check (to cover your own insurance while on the mission) to
General Conference of the Church of God (Seventh Day)
P.O. Box 33677
Denver, CO 80233

****Please make the check out to SHINE, and for Memo write “mission ins.” You will need to submit the waiver and \$50.00 insurance fee by September 30, 2017.*

For any questions, you may contact:

Ernesto Frausto: 916-896-9267 -- Maria Valencia: 916-272-2190

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