

GLOBAL INFUSION

Infusion Academy Candidate Application

Application Checklist



- Fill out the Application (pgs. 2-12) and return to Global Infusion by mail.
- Have your physician fill out the *Infusion Academy Medical Release Form* (pg.13) and return to Global Infusion.
- Have two people fill out the recommendations (pgs. 14 & 15). One should be filled out by your pastor and one by either an employer or teacher. These should be sent by the people filling them out, directly to Global Infusion. We advise you providing a pre-addressed and pre-stamped envelope for those filling out the recommendations.
- Email copy of stateside health insurance card to:

academy@globalinfusion.org

GLOBAL INFUSION
118 N. Peters Rd. Suite 220
Knoxville, TN 37923

Questions?
Call: (865) 724-5118
Email: academy@globalinfusion.org

General Information

InfusionAcademy country choices:	Peru_____ Guatemala_____ Kenya_____ Philippines_____ Ukraine _____ *Mark first choice as "1" and second choice as "2"			
Last/Familial Name			First/Given Name	
Middle/Patronymic Name			Maiden Name	
Home Phone			Mobile Phone	
Email				
Address	Street Address			
	City	State	Zip/Postal	Country

Personal Information

Gender	Male (Check One)	Female	T-Shirt Size	S	M (Check One)	L	XL	XXL
Birth Date	(mm/dd/yyyy format)							

U.S. Citizenship & Passport Information

Are you a U.S. Citizen? If no, see Non-U.S. Citizens section)	Yes (Check One)	No	Do you have a passport?	Yes (Check One)	No
U.S. Passport Number:			U.S. Passport Expiration date:		

Non-U.S. Citizens (Residing in the U.S.)

Country of citizenship?		Do you have a passport?	Yes (Check One)	No
Passport Number:		Passport Expiration date:		
Are you a Green Card holder? (Permanent Resident)			Yes (Check One)	No
Green Card expiration date:		If no Green Card, what kind of Visa do you have?		
Visa expiration date:				



Employment History - Last 10 Years

From Mo Yr	From Mo Yr	Employers: Names, Addresses, Phone, Business Type	Job Title/Duties Performed



Education History (High School, College, University, Trade School, Other)

Name and Address of School	From Mo Yr	From Mo Yr	Degree/Diploma Completed



Medical History

What is your blood type? _____

Are you a hemophiliac?

Yes

No

Answer only "yes" to the ones that apply to you.

A Medical Release form is required to be completely filled out and signed by your physician.

Allergies*		Eye Cataracts		Leukemia
Allergies to Medicines*		Fainting		Malaria
Arthritis		Gastritis		Mental Illness
Asthma		Heart Disease		Migraine Headaches
Back Injuries		Hepatitis A		Respiratory Problems
Cancer		Hepatitis B or C		Seizures
Chronic Fatigue		Hernias		Sleeping Disorders
Depression		Hi/Lo Blood Pressure		Tuberculosis
Diabetes		Knee or Joint Injuries		Typhoid

*Please list:

Medications

Are you currently on any prescribed medications?

Yes

No

(check one)

▪If yes, please list and describe:

Are you currently seeing a physician for treatment?

Yes

No

(check one)

▪If yes, please describe:

Would you require special housing, diet, or other specifications while traveling?

Yes

No

(check one)

▪If yes, please describe (be specific):

Are you currently seeing, or have you ever seen a psychiatrist?

Yes

No

(check one)

▪If yes, please describe the circumstances:



Previous Missions Profile

Experience

Have you had any previous foreign missions experience? (check one) Yes No

If yes, please provide the following:

	Organization Name	Country	Dates Served	
			From MM/YYYY	To MM/YYYY
1				
2				
3				
4				
5				

Languages

Do you speak a language (or languages) other than English? (check one) Yes No

If yes, please list and rate your fluency: Fluency

	Language	Fluency		
		Beginner	Speak & Read Some	Fluent, can Translate
		(check one)		
1				
2				
3				
4				

Music

Do you play an instrument(s)? Please list:

Can you lead praise and worship? (check one) Yes No

Professional Skills

Please list any professional skills or training you may have:
examples: Health Care, Construction, Teaching, etc.



Honestly Rate Yourself in the Following:

(1=poor 2=minimal 3=average 4=excellent 5=outstanding)

Relating to all age groups		Adjusting to foreign cultures	
Adapting to all personality types		Adjust to difficult living conditions	
Attitude under tough conditions		Performance under pressure	
Confrontation (receiving it)		Confrontation (giving it)	
Communication		Submission to authority (any age or gender)	
Team work		Creativity	
Problem solving		Public speaking, preaching	
Serving		Self-confidence	
Listening		Following instruction	
Spiritual discipline		Discipline in personal life	

If necessary comment on the above ratings:

Is there any area of your life that you feel would not be under the jurisdiction of our Global Infusion staff and/or Contact? Please explain:



Spiritual History

1. Describe your call to the mission field.

2. What are your expectations while on the mission field?

3. What country, people group, and/or region are you called to and interested in ministering to?



INFUSION ACADEMY Global Candidate/Resident Agreement

I agree to abide by the rules and regulations set by Global Infusion and I understand that they may be altered from time to time. If I have a disagreement with the program, I will bring my concerns directly to the Global Infusion Staff Member to whom I report.

INITIAL

I understand that all monies raised by myself as a Global Candidate/Resident are to solely go to the non-profit organization of Global Infusion. I further understand that all funds must be sent directly to Global Infusion and cannot for any reason be sent out or returned to an outside organization or individual including myself. **These funds cannot be refunded to the sponsors or myself due to IRS regulations.**

INITIAL

I understand that all monies received by Global Infusion designated to me will either go towards my living expenses as a Global Resident Candidate (stateside) and/or as Global Resident (overseas). I will clearly communicate this to all my potential sponsors. I understand that I cannot raise funds for in-country projects without GI authorization.

INITIAL

If, for any reason, I decide to leave the Infusion Academy program under my own volition, I understand that all funds raised on my behalf will go toward the furtherance of the Gospel through outreaches sponsored by, and decided by Global Infusion.

INITIAL

I must fulfill all of my financial obligations while living in the U.S. as a Global Candidate/Resident, and I must have sufficient funds in place prior to being released onto the mission field. Failure to meet the above will prolong or delay my Infusion Academy experience and/or being sent onto the mission field.

INITIAL

I agree to fully support the staff and leaders of Global Infusion in word and conduct. I will remain positive and flexible. I understand that Global Infusion staff members are responsible within reason for the performance, behavior, and safety of each Global Candidate/Resident, and have the right to remove any Global Candidate/Resident from the field at any point during the Infusion Academy at the expense of the Global Candidate/Resident.

INITIAL

I will attend and fully participate in any necessary teaching/training sessions, staff meetings, prayer meetings, recruiting events, conferences and fundraisers, which will occur during the Infusion Academy. I understand that these requirements are all a valuable part of my Infusion Academy experience.

INITIAL

I understand that I will be required to abstain from romantic involvement, dating, or even pairing off with other Global Candidate/Residents or staff, (unless married previously to Infusion Academy participants) and nationals of the designated country prior to or during my Infusion Academy experience. I understand that the violation of this rule will be cause for my removal from the Infusion Academy training or the country I am serving in. I am responsible for all removal expenses.

INITIAL

At any point during or after the completion of the Infusion Academy, I will not independently arrange mission trips with any of Global Infusion's contacts. Nor will I send donations, monetary or tangible, to Global Infusion's contacts, or indigenous people I met on the trip. I agree that both instances must take place through Global Infusion.

INITIAL

I understand that if I want a family member or local church group to come to visit me during my GI missionary trip overseas everything must go through Global Infusion. I will not set up my own trips, but will run everything through Global Infusion for the safety of Global Infusion's Contacts.

INITIAL

I have read the above information thoroughly and fully understand all aspects of this document. By signing this document I am giving my word that I will follow each of the above regulations in thought, word and deed.

PRINT NAME:

SIGNATURE:

DATE:

Emergency Contact 1

Last/Familial Name		First/Given Name	
Middle/Patronymic Name		Maiden Name	
Email			
Relationship to Applicant		Mobile Phone	
Work Phone		Home Phone	
Address	Street Address		
	City	State	Zip/Postal
			Country

Emergency Contact 2

Last/Familial Name		First/Given Name	
Middle/Patronymic Name		Maiden Name	
Email			
Relationship to Applicant		Mobile Phone	
Work Phone		Home Phone	
Address	Street Address		
	City	State	Zip/Postal
			Country

Emergency Contact 3

Last/Familial Name		First/Given Name	
Middle/Patronymic Name		Maiden Name	
Email			
Relationship to Applicant		Mobile Phone	
Work Phone		Home Phone	
Address	Street Address		
	City	State	Zip/Postal
			Country



Liability Waiver		
MEDICAL AUTHORIZATION	Should emergency medical treatment be necessary, I authorize Global Infusion or one of its representatives to act on my behalf and approve appropriate treatment required for my well-being.	INITIAL _____
RELEASE OF LIABILITY	By my signature below, I, individually and on behalf of my heirs, hereby release and hold harmless Global Infusion, its employees, volunteers, directors, and any sponsors in the event of death, injury, accident, disease, terrorist act, weather condition, inadequate medical supplies or treatment, damage to or loss of my personal property which happens en route, during, or returning from the events involved in a mission trip.	INITIAL _____
IMMUNIZATIONS & ANTI-MALARIAL MEDICATION	By my signature below, I understand that it is my responsibility to check with my personal physician regarding any immunizations or anti-malarial medication needed for travel to a foreign country, and I do not hold Global Infusion responsible in the event of any allergic reactions or side-effects that may occur due to the administration of immunizations, or the prescription of anti-malarial medication by my personal physician.	INITIAL _____
CORONAVIRUS	By signing this liability waiver, I acknowledge the contagious nature of Coronavirus/ COVID-19 and voluntarily assume the risk that myself or my child may be exposed to or infected by COVID-19 by attending this trip and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 during this trip which may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Global Infusion staff, volunteers, contacts, team members or individuals from the host site. I acknowledge that I must comply with all set procedures of the host site and the CDC.	INITIAL _____
OUT OF TOWN/ STATE/COUNTRY ACTIVITY	In the event that I refuse to adhere to the rules/policies during this activity, I understand that I will be transported home at my own expense.	INITIAL _____
WILLFUL DAMAGE	By my signature below, I hereby agree to pay any fees charged to Global Infusion due to damage caused by myself or due to me personally by not following the rules or by not using reasonable discretion.	INITIAL _____

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

Medical Insurance Information

Company	Insurance Company Phone #	
Policy #	Does this policy cover international travel? (check one)	
Policy Holder	Yes	No



Candidate Financial Information

Debt can present one of the greatest hurdles for those trying to go into the mission field. Even the Bible talks of the bondage that comes with debt (see Proverbs 22:7). Raising funds to support oneself while overseas is hard enough without having to raise additional funds to pay minimum monthly payments on debt. For this reason it is imperative that we, at Global Infusion, know the amount of debt that you currently owe and your plan to pay this debt off while on the mission field.

Please list below all debt that you have including, but not limited to, debt accumulated from medical expenses, credit card use, and/or school loans.

Creditor	Type of Debt	Total Amount	Minimum Monthly Payment
Totals			

Are any of these loans in default status? (check one)	Yes	No
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If **“Yes”**, then please explain:

Do you plan to have all or some of these debts paid off prior to attending Infusion Academy? (check one)	Yes	No
Do you plan to have all or some of these debts paid off by the conclusion of your Infusion Academy experience? (check one)	Yes	No

If you do not anticipate that any or all of your debts are not completely paid off prior to your departure overseas, how will you pay monthly payments while on the mission field?

Please note that if you have excessive debt, then Global Infusion may ask you to wait to enroll in the Infusion Academy program until your debts are lowered.



Infusion Academy

Medical Release Form*

*To be filled out by a physician for the applicant

Patient Name				
Physician's Name				
Physician's Office Phone				
Office Address	Street Address			
	City	State	Zip/Postal	Country

The above-named person has applied to participate in the Infusion Academy.

During the period of their involvement, this individual may be required to participate in strenuous activity including, but not limited to, climbing, running, hiking, swimming, walking long distances, and participating in some sports requiring endurance. These activities may take place in extreme hot or cold and humid or freezing conditions. Some regions altitude will be another condition that the participate will have to face. The individual may be exposed to excessive sunlight and dry conditions. As well, the individual may experience a change in diet due to availability of certain types of foods in the country of their destination. Please check the appropriate box to indicate whether the above-named patient is able to participate under the proposed conditions for a nine to twelve month stateside Infusion Academy experience and one year or more overseas missions experience.

	The above-named person is physically unable to participate in an Infusion Academy long-term missions experience.
	The above-named person is able to participate in a Infusion Academy long-term missions experience without restriction.
	The above-named person is able to participate in a Infusion Academy long-term missions experience with the following restrictions (please include any medications the applicant is required to take):

Physician's Signature		Date	
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Infusion Academy

Candidate Recommendation Form

Applicant Name	
Your Name	
Your Title	
Your Phone #	
Your Relationship to the applicant	
How long have you know the applicant?	_____ Years _____ Months _____ Days
How well do you know this applicant?	___ Slightly ___ Casually ___ Fairly Well ___ Close Relationship

**Please rate the applicant based on the following:
(1= poor, 2= needs growth, 3= average, 4= excellent, 5=outstanding)**

Dependability		Emotional Maturity		Communication Skills	
Teachable Attitude		Relatability		Spiritual Maturity	
Family Relationships		Submission to Authority		Problem-Solving	
Decision-Making		Attitude in General		Attitude Toward their Church	
Self-Confidence		Self-Discipline		Leadership Ability	

Check One

	I strongly recommend this applicant as an Infusion Academy Candidate.
	I recommend this applicant as an Infusion Academy Candidate.
	I have some reservations about this applicant.
	I cannot recommend this applicant at this time.

Based on my knowledge of the applicant: (check if applicable)

	Please consider this applicant for leadership		
Signature		Date	

Please send this recommendation to:

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