



Harvesting in Spanish

For Office use only

Date Recv'd _____
 Fee Recv'd _____

Mailing Address:
 MP-0299
 9381 NW 13th St
 Miami, FL 33173

Telephone
 011-503-2220-8501
 011-503-2220-8545
 Fax 011-503-2218-5064

e-mail:
 hismissions@gmail.com
**Please enclose US \$25.00 for
 application fee with this form
 (not refundable)**

Volunteer & Missionary Application

Please type or print clearly:

General Information

Name _____ I prefer people to call me _____
 Address _____
 Home Phone () _____ Work Phone () _____
 Fax () _____ E-mail _____
 Occupation _____ Type of work or ministry preferred _____

 Length of time you are interested in working with Harvesting in Spanish _____
 Approximately what date would you like to arrive in El Salvador? _____

Personal Information

The answers to the following questions will help us qualify you as a missionary volunteer with Harvesting in Spanish. You are not required to answer any of these; however, by answering them you waive any legal claim against Harvesting in Spanish relative to the National Security Laws, or other legal cases. Your replies will be kept confidential by the HIS Missionary Selection Committee.

Date of Birth _____ Social Security Number _____
 Driver's License Number _____ State _____
 Passport Number _____ Country _____
 Have you ever been convicted of a felony? Yes ___ No ___ (if "yes", applicant is not necessarily disqualified)
 If yes, please explain: _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Other _____
 If married, spouse's name, name and ages of children or dependents:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Christian Life

Date you accepted the Lord as personal Savior _____
 Church presently attending _____
 Denomination _____ Pastor's full name _____
 Address _____
 Phone () _____ Fax () _____ e-mail _____
 Have you talked to your pastor about serving as a missionary? _____
 If so, his / her reaction: _____
 If not attending a church presently, please explain why _____

**Christian
Life
Cont.**

Have you ever had experience with the occult or satanic games, séances, books, rituals or similar practices? _____
Which? _____ Do you still? _____

How would you describe your Christian growth? _____

What ministries have you been involved with at church? _____

**Team
Experience**

Have you done any ministries outside of church? _____ If so, what? _____

Have you ever participated on a **mission team** trip? _____ If so, please list:

1) Place / Country _____ Dates _____ Team leader _____
Trip was organized trough (name of church or organization) _____
Address _____
Phone () _____ Fax () _____
Type of ministry you did on the team _____

2) Place / Country _____ Dates _____ Team leader _____
Trip was organized trough (name of church or organization) _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Fax () _____
Type of ministry you did on the team _____

3) Place / Country _____ Dates _____ Team leader _____
Trip was organized trough (name of church or organization) _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Fax () _____
Type of ministry you did on the team _____

Have you ever served **individually** as a volunteer or missionary in a foreign field? _____
If so, please list:

**Individual
Experience**

1) Place / Country _____ Dates _____ Supervisor _____
Name of church or organization you worked with _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Fax () _____
Areas of responsibility _____

2) Place / Country _____ Dates _____ Supervisor _____
Name of church or organization you worked with _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Fax () _____
Areas of responsibility _____

(Attach additional pages of information at the end if necessary)

Please list your employment experience starting with current or last one first.

Employer _____ Your position _____
Job description _____
Immediate Supervisor _____ May we contact this employer? _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Fax () _____
Dates of employment _____ Reason for leaving _____

**Employment
Information**

**Employment
Information
Cont.**

Employer _____ Your position _____
Job description _____
Immediate Supervisor _____ May we contact this employer? _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Fax () _____
Dates of employment _____ Reason for leaving _____

Employer _____ Your position _____
Job description _____
Immediate Supervisor _____ May we contact this employer? _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Fax () _____
Dates of employment _____ Reason for leaving _____

**Health
Information**

Evaluate your present physical health: _____ Excellent _____ Good _____ Fair _____ Poor
Height _____ Weight _____ Date of last tetanus shot _____
Please list allergies to foods, medications, etc. _____
Chronic Illnesses _____
List any prescribed medications you take regularly (and what for) _____

List any physical limitations _____
Have you taken hallucinogens or drugs not prescribed by a physician? _____ Do you now? _____
Have you ever been treated for alcoholism? _____ If so, when? _____
Do you drink alcoholic beverages (including beer & wine) socially or regularly? _____
Do you use tobacco or snuff? _____ If so, in what ways? _____
Which do you consider yourself: _____ Heterosexual _____ Homosexual _____ Bisexual
Are you now having any sexual relationship (s) outside of marriage? _____
Are you, or should you be taking medicine for manic depression? _____
Have you ever had a mental or nervous breakdown? _____ If yes, when? _____
What was the cause? _____
Are you afflicted by this ailment now? _____
How were you treated (cured)? _____
Do you have health insurance that covers you outside the U.S.? _____
If so, name of company _____ Policy # _____

In case of emergency, please contact:

Name _____ Relationship _____
Address _____ St _____ Zip _____
Home Phone () _____ Work Phone () _____
Fax () _____ E-mail _____

In case of emergency, please contact:

Name _____ Relationship _____
Address _____ City _____ St _____ Zip _____
Home Phone () _____ Work Phone () _____
Fax () _____ E-mail _____

Name of physician _____ City _____ St _____
Home Phone () _____ Work Phone () _____
Fax () _____ E-mail _____

Language Proficiency

If you speak any other languages beside English, please list the language(s) and your proficiency:

Language: **SPANISH**

	Fluent	Fair	Little
Speak			
Read			
Write			

Language:

	Fluent	Fair	Little
Speak			
Read			
Write			

Language:

	Fluent	Fair	Little
Speak			
Read			
Write			

Would you be interested in Studying Spanish while in El Salvador? _____

Miscellaneous

Hobbies _____

Tell us about other degrees, licenses or certifications you have _____

To help the ministry of Harvesting In Spanish I offer the following:

My field of study, which is: _____

Profession: _____

MY PERSONAL TRAITS:

1. I function best: Alone With 1 or 2 people In a group setting On a team Other: _____

2. I like to: Lead Follow Other: _____

3. I _____ live without much privacy during my term: Can Can not

4. I cannot live without the following: Dating Television Shopping malls Movies Bowling
 Comforts of home English speaking companionship Other: _____

5. I can endure tropical heat and humidity (89° F with 80% humidity) no more than _____ days at a time. (Fill in number)

MY ATTITUDE AND OUTLOOK ARE AS FOLLOWS:

1. My missionary goals are: Short term service Career Other: _____

2. I will take a servant's heart to El Salvador, which I can describe as: _____

3. I consider my attitude to be flexible, because I . . . _____

4. I can accept these things: Field rules & regulations The desires of team members or a group
 The missionaries on the field are more experienced than me in their work
 The nationals are as good as I am before God

5. I plan to be receptive to whatever situation I find myself in, be it familiar or unfamiliar, culturally different, or uncomfortable. True False

6. I believe I am able to trust the leadership on the field in regard to their judgments, sincerity, ability, and advice. True False

7. I plan to refrain from gossip and negative talk, to accept and support decisions made by the leadership on the field. True False

8. The unpleasant sights of poverty and brokenness, the loud and strange sounds, polluted air, bugs, and bad smell are things I believe I can tolerate. True False

9. I intend to maintain good relations with the Lord, especially with daily prayer and Bible reading. Yes No

References

List people who have known you well for at least 3 years, not a relative, employer or supervisor:

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>St</u>	<u>Zip</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Release Waiver

For the consideration of the acceptance of my application to serve with Harvesting in Spanish, Inc. also known as Asociación de Amigos para Latinoamérica, and Templo Piedras Vivas, I do hereby for myself, my heirs, executors, and administrators waive, release, and forever discharge any and all rights and claims for injury or illness (including death) whether physically or emotional, or property damage or loss of any nature, which I may have or which hereafter accrue to me against Harvesting in Spanish, Asociación de Amigos para Latinoamérica or Templo Piedras Vivas, their members, respective officers, agents, representatives, successors, and / or assigns, individually or collectively for any and all damages and liabilities which may be sustained and suffered by me in connection with my association with and / or arising out of my traveling to, participation with, and return from any Harvesting in Spanish / Asociación de Amigos para Latinoamérica, or Templo Piedras Vivas work, services or activities.

H.I.S policy regarding kidnapping and hostage-taking of H.I.S volunteers or missionaries is as follows: Harvesting in Spanish, Asociación de Amigos para Latinoamérica., and Templo Piedras Vivas will make no concessions to terrorists, and will not negotiate for the payment of ransom for the release of hostages or prisoners. H.I.S will cooperate with the appropriate governmental agencies to insure that all perpetrators of violent acts against its personnel are brought to justice.

I have read this policy regarding injury and illness, kidnapping, and hostage-taking, and accept it.

Applicant's Signature _____ Date _____

Applicant's Signature witnessed by: _____ (Signature)

Print Witness' name here: _____

Parent Permission (if applicant is under 21 years of age)

I hereby give permission for _____ who was _____ years old on his/her birthday, ___/___/___, to travel and visit a Harvesting in Spanish project, from about ___/___/___ to about ___/___/___ . I further acknowledge that H.I.S, Inc. and its staff assumes no responsibility for any harm that may befall this young person as a result of his / her disobedience or negligence. I give permission to H.I.S to administer over-the-counter medication that my son / daughter might need. He / she will be taking _____

Which I will supply. I give my permission to H.I.S to administer whatever treatment or medication may be necessary in case of emergency. H.I.S will attempt to notify me in such case if practicable and prudent. In addition, in case of accident or emergency, I authorize H.I.S to secure a doctor, hospitalize, secure proper treatment for and to order injection, anesthesia, blood transfusion, or surgery for my child as named above. I permit this young person to participate in all activities during the mission. I assure H.I.S that my son / daughter is not afflicted with any disease or malady that would contaminate or endanger anyone else, or require special care in making the trip or participating in activities. (H.I.S includes in this document, Asociación Amigos para Latinoamérica, and Templo Piedras Vivas in El Salvador)

I, the undersigned, have read, understand, and agree with the above conditions.

Signature of parent or guardian _____ Date _____

Notary

State of _____ County of _____

Signature _____ My commission expires _____

I certify that the information listed on this application is true.

Signature _____ Date _____

**Please enclose your US\$25.00 application fee with this form.
It is used to cover costs of processing, checking references, postage, etc.**

PHILOSOPHY OF HARVESTING IN SPANISH FOR ACHIEVING HARMONY AND SUCCESS IN MISSIONS

All Christians work for one Master and all must serve Him with diligence. Our Mission must be fair and just with those who are connected with any of our ministries. Integrity, concern for others, and mutual respect must be practiced by every person.



Harvesting In Spanish

Missionary Skill & Aptitude Evaluation

Thank you for taking a moment to fill out this evaluation. It will help us get more acquainted with you and to know where you can help in the ministry. Here are some of the projects that we need help with in El Salvador. Circle the ones you feel you can contribute to. In the blank spaces write in any related area that you can help with.

Name of Applicant: _____

Date: _____

Please check the boxes:

1. CONSTRUCTION AND MAINTENANCE

- | | | | | |
|---------------------------------------|--|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Painting | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical | <input type="checkbox"/> Block-laying |
| <input type="checkbox"/> Dry wall | <input type="checkbox"/> Brick masonry | <input type="checkbox"/> Cement work | <input type="checkbox"/> Installing tile | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Other: _____ | | | | |

2. MEDICAL AND DENTAL

- | | | | | |
|---|---------------------------------------|---|--|---|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Dentist | <input type="checkbox"/> Nurse | <input type="checkbox"/> Physician As. | <input type="checkbox"/> Dental Assistant |
| <input type="checkbox"/> Optometrist | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Physical Therapy | | |
| <input type="checkbox"/> Speech Therapy | | | | |
| <input type="checkbox"/> Other: _____ | | | | |

3. CHILD CARE

- | | | | |
|---------------------------------|-----------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Babies | <input type="checkbox"/> Toddlers | <input type="checkbox"/> Adolescents | <input type="checkbox"/> Teenagers |
|---------------------------------|-----------------------------------|--------------------------------------|------------------------------------|

4. OFFICE WORK

- | | | | |
|---------------------------------|------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Shorthand | <input type="checkbox"/> Ten-key | <input type="checkbox"/> Management |
|---------------------------------|------------------------------------|----------------------------------|-------------------------------------|

Computer (type: ___ IBM ___ Macintosh) Other: _____

5. EVANGELISM

- | | | | |
|------------------------------------|--------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Preaching | <input type="checkbox"/> Drama | <input type="checkbox"/> Tract Distribution | <input type="checkbox"/> Other: _____ |
|------------------------------------|--------------------------------|---|---------------------------------------|

6. TEACHING

- | | | | | |
|--|------------------------------------|-----------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> English to children | <input type="checkbox"/> Crafts | <input type="checkbox"/> Music | <input type="checkbox"/> Spanish | <input type="checkbox"/> Bible |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Cooking | <input type="checkbox"/> Swimming | <input type="checkbox"/> First Aid | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanics | <input type="checkbox"/> Typing | <input type="checkbox"/> Volleyball | |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Baseball | <input type="checkbox"/> Other: _____ | |

7. If you were asked to take care of babies at 6:00 a.m. on occasions, which required you to rise at 5:30 a.m., what would be your reaction?

PHILOSOPHY OF HARVESTING IN SPANISH FOR ACHIEVING HARMONY AND SUCCESS IN MISSIONS

All Christians work for one Master and all must serve Him with diligence. Our Mission must be fair and just with those who are connected with any of our ministries. Integrity, concern for others, and mutual respect must be practiced by every person.

Personal Testimony

Please share with us your personal testimony of how you came to know the Lord, a description of your spiritual growth, how you became interested in missions, and more specifically why you are interested in working with Harvesting In Spanish. Please type or hand write your testimony here and send with your application. Feel free to use the back or add additional sheets if necessary.

Name _____ Date _____

