

Epic Missions Internship Application

As part of Epic Missions Inc desire to correctly match you to the teams that will be serving in Florida, we need to ask you a few questions about your desire to serve in short term missions as a student intern, and would like you to share with us your Christian testimony and some required background information. Please complete the information below to the best of your ability:

Name: Last _____ First _____ MI _____ Sex M / F _____

Today's Date _____ Home Phone (_____) _____

Cell Phone (_____) _____ Work Phone (_____) _____

Home Address Street : _____

City _____ State/Prov _____ Zip _____

Personal EMail _____

Today's Date _____ Dates available _____ Birthdate _____ Gender _____

Graduating School Name

Graduating School Address

Education Grade Level Achieved _____
(grade # or graduated)

T-shirt size: S M L XL XXL XXXL _____ Marital Status: M S W D _____

Are there any dietary restrictions we should be aware of (i.e.allergies)

Will you be driving your own car? (preferred) _____ M/Y License Expires _____
Yes/No

Issuing State for license _____ License # _____

Because of the special relationship of trust and service placed in the individuals who are called to serve for a Christian ministry, Epic Missions Inc conditions acceptance of your application on, among other things, pastor references and other general references and investigations.

I have read the completed application carefully and certify that all information contained in this application and any attachments to it are true and complete to the best of my knowledge. I hereby authorize my previous employers, educational institutions, and religious denominations, and other organizations to provide all information that they may have concerning my employment, education, service, membership, or affiliation. In addition, I hereby release Epic Missions Inc and its officers, directors, employees and other agents of and from any and all potential liability arising from such investigation and inquiries of the above information and/or completion of any criminal record check requirements.

I understand that any omission of fact or statement of false or misleading information given in this application, any attachments to it, or in my interview(s) may result in the denial of my application, the withdrawal of my conditional offer of missions service, if made, or disciplinary action, up to and including immediate discharge, as applicable. Epic Missions Internship is subject to position availability.

ORIENTATION AND START DATE - Once your application has been reviewed and accepted, we will be in touch with you to schedule your missions service in Florida with Epic Missions Inc

A complete Application Includes:

- 1) This Student Internship Application
- 2) Signed Medical Release form (on Epic Missions website under forms)
- 3) Signed Liability Release form (on Epic Missions website under forms)
- 4) Completed Team Member form (on Epic Missions website under forms)

Mail completed package to:

Epic Missions Inc
Attn: Human Resources
6025 12th Street, Vero Beach, Florida 32966

If you have any questions please contact us either by phone or email.

Tel: 855-777-3742 (EPIC) EMail: info@epicmissions.org

Epic Missions Inc Release Of Liability Form

(This form is required for each Missions Trip / Retreat team member including Team Leader)

I, _____ the undersigned participant on a Missions Trip with Epic Missions, Inc.
(participant name)

Agree to hold **Epic Missions Inc** harmless; Its officers, employees, or other agents not liable for any injury, loss, damage, arising out of activities associated with such event or by oversight or negligence willful or un willful on the part of Epic Missions or its' employees, staff or officers that might be encountered while participating in a Missions Trip or retreat coordinated by Epic Missions Inc. and while staying overnight or participating at any Epic Missions Inc property or location.

I realize and acknowledge that my participation on a mission trip or any other activities sponsored by Epic Missions Inc in the United States or any foreign country includes many risks and possible dangers. I am well aware that travel in the United States and foreign countries exposes me to such risks as disease, war, political unrest, injury from construction projects, and other calamities anticipated or unanticipated.

I hereby assume any such risks that might result from travel in the United States or any foreign country, and I unconditionally agree to hold Epic Missions Inc, its officers, employees, or other agents blameless/ harmless for any liability concerning my personal health and well-being, or any liability for my personal property that might be lost, damaged, or stolen while on a Retreat trip.

I have carefully read the foregoing and I understand that my signature herein holds Epic Missions Inc, its officers, employees, or other agents harmless for any liability for injury, damage, loss, accident, delay, or irregularity in schedule. Participant grants permission for any photographs and/or video tape taken while on mission trip to be used by Epic Missions Inc for promotional purposes. You also represent that you will have access while on the missions trip / retreat to all necessary medical information and treatment authorizations for all members of your team.

Signed _____

(Participant)

and dated this _____ day of (Date) _____, 20_____.

Addl. Adult Witness Signature (aged 21 years or older)

Printed Name of Witness

Birthdate of Witness

_____/_____/_____
Date Signed

This form is valid for one (1) year from date signed

Rev Feb 2017

Epic Missions Inc Medical Authorization Release Form MEDICAL AUTHORIZATION FORM FOR ADULTS

(This form is required for each Epic Missions Intern)

Name: _____ Age: _____ Birthdate: _____

Address: _____ Home Phone # _____

City: _____ Cell Phone #: _____

State, Zip Code: _____

To Whom It May Concern:

Permission is granted for me /I, _____, to attend and participate in activities sponsored by Epic Missions Inc.

I authorize an Epic Missions leader to consent to any emergency medical/surgical procedure and to obtain medical prescriptions as necessary due to accident or illness, by a licensed physician or dentist in the event of my incapacity or inability to do so. I will assume the responsibility for all medical bills, if any.

Further, should it be necessary for me to return home due to medical reasons or otherwise, I hereby assume all responsibility and transportation costs.

Attached is a copy of trip participant's medical insurance card

Medical Insurance information:

Insurance Company: _____

Insurance Company Mailing Address: _____

Insurance Co Phone #: _____

Policy Number/Group Number: _____

Physician's Name & Phone #: _____

Dentist's Name & Phone #: _____

Medical History Information:

Name: _____ Age: _____ Birthdate: _____

Operations or Serious Injuries (dates) _____

Chronic or Recurring Illnesses: _____

Allergies:

Allergies to medications or insect stings: _____

Special diet: _____

Special medication (name it) and how it is given: _____

Activity restrictions: _____

Inoculation Information:

Shots highly recommended for any Missions Trip : Tetanus

Advance Medication may be in order up to 6 weeks prior to departure for diseases such as Malaria. Please consult with your family doctor about this.

Shots highly recommended but NOT required for all countries are: Tetanus, DPT, Typhus/Typhoid and Gamma Globulin. For further questions, consult your physician, or visit the Center for Disease Control at www.cdc.gov.

List dates of shots:

Tetanus (highly recommended): _____

DPT: _____

Typhus/Typhoid: _____

Gamma Globulin: _____

Missions Trip Participants Signature

_____ Date ____/____/____
(name)

NOTARY PUBLIC

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me on the _____ day of _____, 20 ____.

Notary Public in and for the State of _____

Commission expires _____

This form is valid for one (1) year from date signed