## Forms

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Overseas Program

Individual Application

Please attach a recent photograph in the space at right.

Upon completing this application form, please return with a $75 non-refundable administrative fee payable to John Brown University.

Please note on your payment “Administrative Fee” and return to:

William Stevenson
Director of International Programs
JBU
2000 W. University Street
Siloam Springs, Arkansas, 72761

Personal Information

please type or print

ID# Full Legal Name: Preferred Name:

(last) (first) (middle)

SS# Age Date of Birth Gender Place of Birth

__________________________ _______ ____________________

M / F MM/DD/YYYY

Country of Citizenship Passport? Expiration Date: Classification:

______________________________ Y / N ____________________ FR / SO / JU / SE

MM/DD/YYYY

Present Address Permanent Address/Parents’ Address

(street)

(street)

(city, state, zip code) (city, state, zip code)

Cell Phone #: Home Phone #: Parent Work #:

__________________________ ____________________

Email Address Parent Email Address:
Personal Information (cont.)

please type or print

Major: ________________________________ Minor: ________________________________

Marital Status: Single Married Widowed Divorced

How and when did you first consider this overseas experience?

What extra-curricular activities or ministries are you involved in?

What Church are you Currently attending? ________________________________

Denomination: ________________________________ Length of Attendance: ________________

Pastor: ________________________________ Phone: ________________________________

What Church is your Home Church? ________________________________

Denomination: ________________________________ Length of Attendance: ________________

Pastor: ________________________________ Phone: ________________________________

Personal Essay

please answer the following questions on an attached sheet

1. Write your personal testimony—describe your salvation experience.
2. Describe why you would like to be involved in this overseas experience. Explain your spiritual and educational goals and how they may relate to your desire to participate. What experiences have you had that would prepare you for this experience?
3. Have you been under medical or psychiatric care in the past year? If yes, please explain.
4. Do you have history of alcohol or substance abuse, anorexia, or bulimia? If yes, please explain.

Personal References

Please provide two letters of reference. One reference should be from a pastor, and the other from a supervisor, residence director, or faculty member. You may use the provided forms, or you may simply ask for personal written letters of reference.

Mr. William A. Stevenson, III
Director of International Programs
John Brown University
479. 524. 7119
wstevenson@jbu.edu
# Health Information & Personal Authorization

*Information on this form is for use by the International Programs as deemed applicable for your safety and well-being. The contents are confidential; however, group leaders have access to this information at any time.*

**Name**

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**Personal History:** Have you ever had any of the following? *(please circle any that apply.)*

<table>
<thead>
<tr>
<th>Anemia</th>
<th>Emotional Disabilities</th>
<th>Hypoglycemia</th>
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<tbody>
<tr>
<td>Anorexia/Bulimia</td>
<td>Epilepsy</td>
<td>Kidney Stones</td>
</tr>
<tr>
<td>Arthritis</td>
<td>Headaches/Migraines</td>
<td>Malaria</td>
</tr>
<tr>
<td>Asthma</td>
<td>Hearing Loss</td>
<td>Rheumatic Fever</td>
</tr>
<tr>
<td>Bleeding Disorder</td>
<td>Heart Murmur/Problem</td>
<td>Thyroid Disease</td>
</tr>
<tr>
<td>Convulsions/Seizures</td>
<td>Hepatitis</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Diabetes</td>
<td>HIV Positive</td>
<td>Visual Problems</td>
</tr>
</tbody>
</table>

If you circled anything above, please comment:

---

Do you have any medical disability? **Y / N** If yes, please explain:

---

Are you currently under a physician’s care? **Y / N** If yes, please explain:

---

What is your blood type? _______ Date of most recent Diphtheria Tetanus Shot: ________________

**MM/DD/YYYY**

Have you ever had surgery? **Y / N** If yes, what type: __________________________

Please list any allergies to medication, food, plants, insect bites, or other items:

---

---
Please type or print

Please take all medication in its original prescription bottle as well as a one-month, written prescription signed by your doctor. Also take current prescription for glasses or contact lenses. Your Dipheria Tetanus shot must have been given within the past five years. Otherwise, booster shot is necessary.

Are any of your prescriptions controlled substances?  Y / N Is so, which? __________________________

Do you use syringes for self-medication or blood glucose testing?  Y / N

Do you have any currently existing health conditions that might need medical attention or monitoring such as special diets, medication levels, etc.?  Y / N

**Personal Information & Authorization**

*Information on this page may be copied and released to University and Program staff and area medical facilities as needed in the event of a health or safety emergency.*

Name: ___________________________ Gender M / F Phone #: ___________________________

(last) (first) (middle)

SS# ___________________________ Age ______ Date of Birth ______ Permanent Address ___________________________

MM/DD/YYYY (city, state, zip)

Family Doctor Phone: ___________________________ Emergency Notification: ___________________________

Emergency Contact #1

Name ___________________________ Home Phone ___________________________

Relationship ___________________________ Work Phone ___________________________

Emergency Contact #1

Name ___________________________ Home Phone ___________________________

Relationship ___________________________ Work Phone ___________________________
Mandatory Insurance Coverage Information

Insurance Company

Policy Number

Address

Phone Number

(city, state, zip)

Authorization & Permission for Treatment

Consent is hereby given for treatment by licensed medical personnel, including necessary emergency procedures such as non-elective surgery and hospitalization. If I am incapacitated or otherwise unable to give release for medical treatment, consent is hereby given to a university representative to authorize needed care on my behalf.

No guarantee has been made to me as to the results to be obtained by treatment given.

It is understood that the university representative will contact the designated, authorized person(s) in the case of an emergency or serious illness.

I understand that I will be responsible for charges incurred due to illness, injury, or accident (whether authorized by me or by the university’s representative on my behalf).

Signature of Participant

Date

Signature of Parent if Participant is Under 18 Years of Age

Date

Mr. William A. Stevenson, III
Director of International Programs
John Brown University
479.524.7119
wstevenson@jbu.edu
Applicant Reference Form

I, the undersigned, waive my right to review this reference form:

______________________________________________________________  ______________________
Signature of Participant                                      Date

______________________________________________________________  has applied to participate in an overseas program.
(name of applicant)

Your name has been submitted as a reference. Your comments will be considered and appreciated during the selection process. If you feel you are not qualified to answer any particular question, please leave it blank.

1. How long have you known the applicant? __________________________
   Describe your relationship:
   _____________________________________________________________

2. Please rate this person in each of these areas by cycling one number on a scale of one to five (five indicating the highest level of trait exhibition).

   Low  High  Low  High
   1  2  3  4  5

   Discipline / Reliability
   Self-motivation
   Personal Witness

   Interpersonal Relationships
   Sense of Responsibility

3. Do you have any reason to question the applicant’s lifestyle?  Y / N
   Explain:
   _____________________________________________________________

4. How would you recommend the applicant for an overseas experience?
   □ Strongly Recommend   □ Recommend   □ Not Recommended

5. Please feel free to add any further comments that may help in the acceptance.
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

   Signature  ______________________
   Date

   Title or Relationship to Applicant: ____________________________

Please Return to:
Mr. William A. Stevenson, III
Director of International Programs
John Brown University
479 . 524 . 7119
wstevenson@jbu.edu
Waiver & Release of Liability

DISCLAIMER: John Brown University is not responsible for any injury (or loss of property) to any person suffered while participating in the John Brown University Overseas Program, or in any other way involved with the Program for any reason whatsoever. This release includes any ordinary negligence on the part of John Brown University, its agents, or its employees.

In consideration of my participation, I hereby release and covenant not-to-sue John Brown University, its Board of Trustees, employees, instructors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of John Brown University or others listed for property damage, personal injury, or wrongful death, arising as a result of my participating in overseas programs or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Furthermore, I am aware that overseas travel involves certain risks, including, but not limited to, death, personal injury, and property damage resulting from travel accidents, sickness, the uncontrollable nature of the encounters with other persons that may occur, and situations in the country(s) being visited, such as civil unrest, epidemics, and unstable governments. In addition, I understand that participation in overseas travel may involve sites that may be remote from available medical assistance. I agree that the program sponsors cannot guarantee my total safety since some risks are beyond their control. I agree to follow all instructions and guidelines given by them, and to act in a safe and responsible manner toward all participants and the others with whom I come in contact. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless John Brown University and others listed for any and all claims arising as a result of my participation in this overseas program or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the state of Arkansas and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the state of Arkansas.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies that may be available to me for the ordinary negligence of John Brown University or any of the parties listed above.

Signature of Participant __________________________ Date ____________

Signature of Parent if Participant is Under 18 Years of Age __________________________ Date ____________

Mr. William A. Stevenson, III
Director of International Programs
John Brown University
479.524.7119
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