



Fill out and email applications to: Sabrina@1040i.org
Ph: 405- 366-1040

Or Mail to: P.O. Box 721765
Norman, OK 73070

Impact Côte d'Ivoire

Date: _____

Personal Information

Name (as it is on your passport): Last _____ First _____

Middle _____ Preferred Name: _____

Spouse's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Shirt Size: Sm Md Lg XL 2XL

Applicant's Emergency Contacts

If different than previous trip with 1040i. Cannot be someone traveling with you.

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____ Relationship _____

1040i MEDICAL HISTORY FORM

Please fill out if your health has changed since your last trip with 1040i. This includes medicine changes, surgeries, etc.

Today's Date: _____

NAME (Last, First, MI): _____

Date of Birth: _____

Height: _____ Weight: _____

ALLERGIES (Bite/Stings, foods, medicines): _____

CURRENT MEDICATIONS (Prescription & Over-the Counter): _____

HAVE YOU EVER HAD OR DO YOU NOW HAVE: (Yes answers must be explained at the end of the form.)

YES NO

- Tuberculosis
- Lived with someone who had tuberculosis
- Coughed up blood
- Asthma or any breathing problems
- Shortness of breath
- Wheezing or problems with wheezing
- Been prescribed or used an inhaler
- A chronic cough or cough at night
- Sinusitis
- Hay fever
- Chronic or frequent colds
- Thyroid trouble or goiter
- Eye disorder or trouble
- Ear, nose, or throat trouble
- Loss of vision in either eye
- Worn contact lenses or glasses
- A hearing loss or wear a hearing aid
- Arthritis, rheumatism, or bursitis
- Recurrent back pain or any back problem
- Numbness or tingling
- Loss of finger or toe
- Foot trouble
- Impaired use of arms, legs, hands or feet
- Swollen or painful joint(s)
- Knee trouble
- Arthroscopy or use of a scope on any bone or joint

HAVE YOU EVER HAD OR DO YOU NOW HAVE:

YES NO

Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.

Bone, joint or other deformity

Plate(s), screw(s), rod(s) or pin(s) in any bone

Broken bone(s) (cracked or fractured)

Adverse reaction to serum, food, insect stings or medicine

A recent unexplained gain or loss in weight

Currently in good health

Tumor, growth, cyst or cancer

Dizziness or fainting spells

Frequent or severe headaches

A head injury, memory loss or amnesia

Paralysis

Seizures, convulsions, epilepsy or fits

Car, train, sea or air sickness

A period of unconsciousness or concussion

Meningitis, Encephalitis or neurological problems

Rheumatic fever

Prolonged bleeding

Pain or pressure in the chest

Palpitation, pounding heart or abnormal heart beat

Heart trouble or murmur

High or low blood pressure

Nervous trouble of any sort

Loss of memory or amnesia, or Neurological symptoms

Frequent trouble sleeping

Depression or excessive worry

Been evaluated or treated for a mental condition

Attempted suicide

Used illegal drugs or abused prescription drugs

Frequent indigestion or heartburn

Stomach, liver, intestinal trouble or ulcer

Gall bladder trouble or gallstones

Jaundice or hepatitis (liver disease)

Rupture/hernia

Rectal disease, hemorrhoids or blood from rectum

Skin disease

Frequent or painful urination

High or low blood sugar

Kidney stone or blood in urine

Sugar or protein in urine

Have you been refused employment or been unable to hold a job or stay in school because of:

Sensitivity to chemicals, dust, sunlight, etc.

Inability to perform certain motions

Inability to stand, sit, kneel, lie down, etc.

FEMALES: Treatment for a gynecological disorder

A change of menstrual pattern

Any abnormal PAP smears

HAVE YOU EVER HAD OR DO YOU NOW HAVE:

YES NO

Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)

Have you consulted or been treated by clinics, physicians, healers, or other Practitioners within the past 5 years for OTHER THAN MINOR ILLNESSES?

Have you ever had any illness or injury other than those already noted?

Blood Type _____

EXPLANATION OF "YES" ANSWERS: _____

Please attach any additional information you may feel necessary

INSTRUCTIONS IN THE EVENT OF DEATH OVERSEAS

(Must be notarized)

Contact Sabrina for information on previous form. If you wish to make changes, please fill this out and have notaraized.

Statement of participant

By my signature below, I acknowledge I understand the policy of The 1040 Initiative in the event of my decease while overseas as a participant in the work of 1040i that my body will be buried on the field unless this written, notarized statement is filed with 1040i declaring the responsibility of my family or other designated person for the costs of embalming and shipping my remains back to the US.

Mark one of the following statements:

I hereby give my consent to my body being buried on the field according to my understanding and acceptance of the aforementioned statement of The 1040 Initiative.

I hereby request not to be buried in the country of death and I hereby request the return of my body and/or the body of any member of my family to the United States of America should death occur in any foreign country. I recognize that the expense for embalming and shipping of the body shall be that of my family. ***Please contact the person named below who shall represent my family in their responsibility for the return of my remains: (this must be a family member and not the person going on the trip)***

Person responsible for expenses: Name _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

Signed (Team Member), _____ Date: _____

Name (printed): _____

If the body is to be returned to the US, the following must also be completed:

Statement of person responsible

By my signature below I understand that in the event of the death of _____ while participating overseas in the work of The 1040 Initiative, the 1040 Initiative is not responsible for the costs of embalming and shipping the body to the US. I declare that I assume responsibility for those costs.

Signature of person responsible: _____ Date: _____

Name (printed): _____

STATE OF _____)
COUNTY OF _____)

Notary Public

My commission expires _____.

VOLUNTEER AGREEMENT

This document is not intended to be a legally binding contract between us and it may be cancelled at any time by either 1040i or you.

1. You are a volunteer. This means that, if you accept the role of volunteer, you perform all duties on a voluntary basis and you will not receive remuneration or payment for your work, other than reasonable reimbursement of expenses. Neither 1040i or _____ (volunteer) intend any employment or contractual relationship to be created (i.e., you are not an employee, independent contractor or consultant of 1040i). Volunteer agrees to donate services to charity. Said services shall include those given by the supervisor designated by 1040i. It is mutually and expressly understood that volunteer services shall be donated, and that said volunteer is not entitled to nor expects any present or future salary, wages, or other benefits for those voluntary services.
2. What you can expect when volunteering for 1040i. 1040i values its volunteers and will endeavor to provide you with:
 - a. Orientation and any training necessary for the volunteer role
 - b. A safe environment in which to perform your role
 - c. Respect for your privacy, including keeping your private information confidential
 - d. A supervisor, so that have the opportunity to ask questions and get feedback
3. What 1040i asks of its volunteers? We ask that you:
 - a. Support 1040i aims and objectives
 - b. Participate in all relevant orientation and training programs
 - c. Only undertake duties you are authorized to perform and always operate under the direction and supervision of nominated staff and obey reasonable directions and instructions
 - d. Understand and comply with the organization's policies and procedures including, but not limited to health and safety, privacy and confidentiality policies
 - e. Notify your supervisor or another member of staff of any health and safety issues or potentially hazardous situations that may pose a risk to you or others and report any accidents or incidents relating to staff, volunteers, or the workplace
 - f. Behave appropriately and courteously to all staff, clients and the public in the course of your role
 - g. Use any property or equipment given to you in your role safely and only for purpose of the role and return it to the organization when you finish your volunteer role
 - h. Comply with all relevant law at all times
 - i. Be open and honest in your dealings with us and let us know if we can improve our volunteer program and the support that you receive
 - j. If you are unsure whether a particular task or work is authorized, please do not hesitate to talk to your supervisor



4. The health and safety of you and others, the safety of all volunteers, and the safety of everyone who is involved in our organization is a priority.
5. Volunteer further agrees that volunteer will fully cooperate with 1040i and its agents in any investigation, lawsuit, arbitration, or any other legal or quasilegal proceeding that arise from the matters covered by this agreement. Volunteer further agrees to notify the charity immediately of any incident that occurs or may occur within the knowledge of the volunteer, which gives rise to liability on the part of the volunteer of 1040i.

I understand that my volunteer assignment will begin on _____ and end on _____. I also understand that my volunteer assignment may be terminated at any time by either party to this agreement.

Choosing to volunteer for 1040i requires signing this agreement.

Signature

Date (MM/DD/YYYY)