

2009 Application for LDM Missionary Internship



- By completing this application in full, you wish to be considered as a candidate for the 2009 LDM Missionary Internship. LDM, its staff, and Board of Directors reserves the right to accept or decline applications received.

Personal Information:

Name: _____ Social Security Number: _____

Preferred Name: _____ Gender: _____ Birthdate: _____

Mailing Address: _____ Home Phone: (_____) _____

City: _____ Work Phone: (_____) _____

State: _____ Zip Code: _____ Email: _____

College: _____ College Major: _____ College Minor: _____

Personal References: (First time interns only)

Your Pastor's Name: _____ 2nd Reference: _____

Your Church: _____ Position: _____

Church Phone: (_____) _____ Phone: (_____) _____

Parent / Guardian Information (if under 21):

Name: _____ Address: _____

Home Phone: (_____) _____ City: _____

Work Phone: (_____) _____ State: _____ Zip Code: _____

In an Emergency Notify:

Name: _____ Address: _____

Home Phone: (_____) _____ City: _____

Work Phone: (_____) _____ State: _____ Zip Code: _____

If you have any questions, feel free to contact us. Please mail application to:

LDM
4038 S. Ridgeview Rd,
Anderson, IN 46013

Phone: 765-642-9902

Email: info@LDMinc.org

Toll Free: 877-642-9902

Website: www.LDMinc.org

Please Answer the Following Questions:

- 1. Have you ever attended LDM's HandyCamp? Yes No
- 2. If so, how many HandyCamp weeks have you attended? # of camps: _____
- 3. Have you attended another camp for persons with disabilities? Yes No
- 4. Do you have experience working with persons who are mentally impaired? Yes No
- 5. Are you willing to share your Christian faith with an adult who is mentally impaired? Yes No
- 6. Are you willing to assist a camper, as a caregiver, with daily living activities (reminders of personal hygiene, assistance while dressing, keeping personal property organized, etc.)? Yes No
- 7. Do you have any physical or mental impairments which would interfere with your ability to serve? Yes No
If yes, please explain: _____
- 8. Are you able to participate in all camp activities? Yes No
If no, please explain: _____
- 9. Have you ever been convicted of a crime? Yes No
If yes, please explain: _____
- 10. Any additional information or comments: _____
- 11. Will you require lodging between camps (lodging will be provided in the home of an LDM partner)? Yes No
- 12. I plan on graduating college in the year: _____

*** YOU WILL NEED TO ATTEND THE LDM LEADERSHIP RETREAT ON DECEMBER 13-14, 2008.
PLEASE RSVP TO THE LDM OFFICE BY OCTOBER 31ST ***

Family Medical / Hospital Insurance

Carrier: _____

Policy Number: _____

Attach copy of Insurance Card

Name of Family Physician: _____

Physician Phone: (_____) _____

Name of Dentist / Orthodontist: _____

Dentist Phone: (_____) _____

Health History

- 1. Have you had any operations or serious injuries? Yes No
If yes, explain: _____
- 2. Do you have a disability or chronic/recurring illness? Yes No
If yes, explain: _____
- 3. Has a physician discouraged or limited activities? Yes No
If yes, what activities: _____
- 4. Do you have any dietary modifications / restrictions? Yes No
If yes, explain: _____
- 5. Please check all that apply:
 Frequent ear infections Asthma Bleeding disorders Bedwetting
 Frequent headaches Diabetes Sleepwalking Hyperactivity
 Epilepsy / seizures Heart Defect Hypertension Convulsions
- 6. Do you have any allergies? Yes No
If yes: Penicillin Poison ivy Hay fever Food allergies Bee stings
 Other - please explain: _____



2009 Application for LDM Missionary Internship

Candidate's Name: _____

Please list the medications you currently take.

Note: The Camp Nurse will be the custodian of all medications and will dispense medications as needed. Common non-prescription medications are available through the Camp Nurse.

Medication: _____ Dosage per day: _____

Medication: _____ Dosage per day: _____

Medication: _____ Dosage per day: _____

Medication: _____ Dosage per day: _____

Medication: _____ Dosage per day: _____

Medication: _____ Dosage per day: _____

Important: The box below must be completed for attendance at HandyCamp.

Authorization to Consent to Medical and Dental Care

I, the undersigned applicant or parent / legal guardian of the minor applicant, authorize a representative of Lutheran Disability Ministries, Inc. (LDM) or any other adult appointed or designated as a supervising adult for HandyCamp to consent to medical, surgical, or dental care for _____, Social Security Number _____. I consent to any diagnostic tests, medical, surgical, or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such applicant or minor child, and on my behalf, to (a) employ physicians, surgeons, dentists, nurses and other health care personnel as may be deemed necessary for such applicant or minor child, (b) admit such applicant or minor child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination or treatment, surgery, or care and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the forgoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

The health history on this application is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. This applicant has had a medical examination within the past 24 months.

Signature of Adult Applicant (at least 21 years of age) or Parent / Guardian of Minor Applicant

Date



2009 Application for LDM Missionary Internship

LDM

Candidate's Name: _____

STATEMENT OF FAITH

LDM is an Inter-Lutheran missionary outreach that is recognized by the Lutheran Church – Missouri Synod (LCMS) and affiliated with the Evangelical Lutheran Church in America (ELCA). Our adult and youth volunteers come from both Synods, as well as other Christian denominations. For the most part, the campers we serve have either no church affiliation or are associated with other denominations.

The primary purpose of LDM is to provide adults who are mentally impaired with access to God's saving grace through the Gospel of Jesus Christ. This is accomplished through equipping the Church and serving as a resource to congregations.

It is important that LDM not be divisive in our message to the people we serve, our volunteers, or our partner congregations. For this reason it is necessary to focus our message on the Gospel of Jesus Christ and LDM's role in the Great Commission. LDM staff will only discuss doctrinal issues, when other Christian denominations hold different positions, if they are related to the following basic tenants of the Christian faith as outlined below.

The message of the LDM staff, vicars, interns, or seminary students serving with this ministry will be primarily focused on:

1. Christ crucified
2. His Resurrection as a historical fact
3. Salvation by grace alone
4. Sanctified life through the power of the Holy Spirit
5. LDM's role in the Great Commission.

LDM has expectations of staff, vicars, interns, or seminary students serving LDM:

1. Limit discussions with the people we serve, volunteers, and congregations to Biblical truth without comparison to a denominational church body,
2. Avoid theological discussions that point to specific differences in another individual's denominational affiliation,
3. LDM program lessons will be taught using LDM approved curriculum.

LDM will not require a vicar, intern, or seminary student to participate in the Word or Sacraments of any church other than the denomination of the vicar, intern, or seminary student. However, participation in LDM programs, including Bible lessons, while at HandyCamp are required.

By signing this Statement of Faith, I profess that Jesus Christ is my Lord and Savior. Also, I agree that: Christ was crucified for the forgiveness of my sins; His Resurrection is historical fact; I can only find salvation because of God's grace; my life can only be sanctified by the power of the Holy Spirit; and I agree to assist LDM in Christ's Great Commission.

Finally, while at HandyCamp, I agree to focus my discussions to Biblical truth (related to the 5 Christian tenets listed above) and to proclaim the Gospel of Jesus Christ through words, actions, attitudes, and behaviors.

Candidate's Signature: _____

Date: _____

HandyCamp Liability Release

PRINTED FULL NAME: _____ Social Security Number: _____

I understand that this consent and liability release form is being given as follows:

Lutheran Disability Ministries HandyCamp to be conducted at Shiloh Park (operated by the Church of the Nazarene), Camp Woodsmoke (operated by the Lions Club), FFA Training Center (operated by the Future Farmers of America), and Christ the Savior Lutheran Church.

I hereby consent to participation of myself or the person named above in the described HandyCamp events. Participation includes the HandyCamp session(s) for which the above named individual is applying for and any future HandyCamp sessions that I may visit during the 2009 HandyCamp season. I have read the informational material related to HandyCamp and understand the risks involved in the planned activities. I am aware that in addition to activities such as Bible study, worship, transportation, and meal functions, the participant also may participate in various camp activities that may involve additional risks, such as swimming, fishing, boating, hiking, crafts and other recreational activities.

I understand responsibility to provide primary accident and medical insurance for myself or for the person named above and I declare that I am or the person named above is covered by primary accident and medical insurance.

I RELEASE AND FOREVER DISCHARGE, THE LCMS YOUTH MINISTRY, THE LUTHERAN CHURCH-MISSOURI SYNOD (LCMS), THE EVANGELICAL LUTHERAN CHURCH OF AMERICA (ELCA), LUTHERAN DISABILITY MINISTRIES (LDM), SHILOH PARK, THE CHURCH OF THE NAZARENE, FUTURE FARMERS OF AMERICA, CHRIST THE SAVIOR LUTHERAN CHURCH, LIONS CLUB, AND CAMP WOODSMOKE, THEIR AGENTS, THEIR SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY PARTICIPATION, OR THE PARTICIPATION OF THE PERSON NAMED ABOVE, IN ATTENDANCE AT, AND TRAVEL TO AND FROM THIS EVENT. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS THE LCMS YOUTH MINISTRY, LCMS, ELCA, LDM, SHILOH PARK, THE CHURCH OF THE NAZARENE, FUTURE FARMERS OF AMERICA, CHRIST THE SAVIOR LUTHERAN CHURCH, LIONS CLUB, CAMP WOODSMOKE, ITS AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR THE PERSON NAMED ABOVE, BY ANYONE ON BEHALF OF ME OR THE PERSON NAMED ABOVE, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR THE PERSON NAMED ABOVE DURING THE HANDYCAMP EVENT OR TRAVEL TO AND FROM THE SAME.

Furthermore, the information contained in this application is correct to the best of my knowledge. I authorize references and pastors listed in this application to give any information, including opinions, regarding my character and fitness to work with youth and persons who are mentally impaired. I authorize LDM staff and volunteers the use of all information contained in this application, attachments and verbal communications to be used to secure a camper or volunteer reservation and to provide appropriate care while at camp. If I am 18 years of age or older, I authorize that a criminal records check be conducted on me for the protection of the campers and volunteers. Any information regarding a conviction may be released to LDM, Inc. This information will be held confidential. I agree to hold harmless from liability any person or organization that provides or releases information.

I hereby grant LDM the right to use my name, stories of events, image and likeness, and sound recordings taken of me while at HandyCamp for publicity purposes for a period of five years beginning at the conclusion of the event. The right to use these images and recordings are understood to include the right to make and use reproductions and to copyright and distribute the materials as a whole or in part.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its content, and have signed the same as my own free act and deed.

Signature is required to attend HandyCamp.

Volunteer / Camper, age 21 and over not requiring a Guardian Signature

Volunteer / Camper Signature: _____ Date: _____

Volunteers / Campers under age 21 or Campers requiring a Parent / Guardian Signature

Parent / Guardian Signature: _____ Date: _____