

# Eagle Projects

I N T E R N A T I O N A L



PO Box 100 Dover, Maine 04426 (207) 564-7100 [eagleprojects.com](http://eagleprojects.com)

## Mission Project Application



What project are you applying for? \_\_\_\_\_

**General Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Mailing Address (if different):

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Telephone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Family Information:**

Spouse's Name \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse's Work Telephone \_\_\_\_\_

Children's Names	Birth date	Children's Names	Birth date
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

**Emergency Information:**

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**Employment Information:**

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Hours \_\_\_\_\_ Supervisor \_\_\_\_\_

Is it okay to contact you at work? Yes \_\_\_ No \_\_\_ If yes, Work Number \_\_\_\_\_

Job Description \_\_\_\_\_

**Personal Information:****Pastoral Reference**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Personal References**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Education****School****Degree**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Hobbies & Skills**

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

**Health Information:****Date of last tetanus booster:** \_\_\_\_\_ (An updated tetanus booster is required @10 yrs.)

What medications, if any, will you be taking during the project (and for what purpose)?

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Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Have you ever experienced, been treated, or seen a physician, for any of the following? Please check if answer is “yes”.**

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness
<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Headaches
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Other Nervous System Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	Cancer
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>	Tumor
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Skin Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Pulse	<input type="checkbox"/>	<input type="checkbox"/>	Internal Bleeding
<input type="checkbox"/>	<input type="checkbox"/>	Hardening of the Arteries	<input type="checkbox"/>	<input type="checkbox"/>	Digestive Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid/Other Gland Problem	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	<input type="checkbox"/>	Blood Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Sciatica
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Gout
<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Deformity
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Amputation
<input type="checkbox"/>	<input type="checkbox"/>	Other Lung Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Allergy: Food? Medications?
<input type="checkbox"/>	<input type="checkbox"/>	Ulcer			Insects? Other? Note: if you are
<input type="checkbox"/>	<input type="checkbox"/>	Gall Bladder Disease			allergic to bee stings, please bring a
<input type="checkbox"/>	<input type="checkbox"/>	Colitis			current bee sting kit and/or prescrip-
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis			tion medication to the project.
<input type="checkbox"/>	<input type="checkbox"/>	Cirrhosis	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant (currently) Note: Please
<input type="checkbox"/>	<input type="checkbox"/>	Other Liver Trouble			obtain a doctor's note stating you are
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Stone or Infection			okay to participate on the project.
<input type="checkbox"/>	<input type="checkbox"/>	Bladder Stone or Infection	<input type="checkbox"/>	<input type="checkbox"/>	Hernia
<input type="checkbox"/>	<input type="checkbox"/>	Prostate Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Circulatory Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Sugar, Albumin, Blood	<input type="checkbox"/>	<input type="checkbox"/>	Disease of Eyes
		or Pus in Urine	<input type="checkbox"/>	<input type="checkbox"/>	Disease of Ears
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Problem	<input type="checkbox"/>	<input type="checkbox"/>	Disease of Nose
<input type="checkbox"/>	<input type="checkbox"/>	Emotional Problem	<input type="checkbox"/>	<input type="checkbox"/>	Disease of Throat
<input type="checkbox"/>	<input type="checkbox"/>	Nervous Problem	<input type="checkbox"/>	<input type="checkbox"/>	Tested positive for any type of
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy			blood disease
<input type="checkbox"/>	<input type="checkbox"/>	Convulsion	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness			_____



If you answered “yes” to any conditions listed on the previous page please explain below. (Include date of last treatment or office visit for each item, labeled by number. Use back of sheet if necessary.)

**Passport Information:**

Passport Number \_\_\_\_\_

Exact Full Name on Passport \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of Expiration \_\_\_\_\_

(If your current passport expires within 6 months of project date, please apply for a new one.)

Passport Signed? ☐ Yes ☐ No

Place of Issue \_\_\_\_\_ Birthplace \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Have you traveled overseas before? ☐ Yes ☐ No

Where \_\_\_\_\_

When \_\_\_\_\_

Reason \_\_\_\_\_

**Photo:**

**Please attach a recent head and shoulder photo of yourself.**

### Ministry Information:

Your Church Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Check all that apply to you (and give any details)

☐ Ordained – Denomination \_\_\_\_\_

☐ Play Musical Instrument – What \_\_\_\_\_

☐ Soloist \_\_\_\_\_

☐ Puppets \_\_\_\_\_

☐ Counselor Training \_\_\_\_\_

☐ Children's Ministry \_\_\_\_\_

☐ Youth Ministry \_\_\_\_\_

☐ Bible Teaching \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Previous Mission Trip(s)

Date(s) \_\_\_\_\_

Location(s) \_\_\_\_\_

Organization \_\_\_\_\_ What did you do? \_\_\_\_\_



## Pre-Project Questionnaire:

What are you hoping to get out of this project?

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What are you praying God will do in your life?

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In your opinion, what would make this project a success?

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### Personal Testimony:

Please relate how you came to faith in Christ in as much detail as possible. Attach another page if necessary.

[illegible]





# EPI Policy on Sexual Conduct

## **Purpose**

The complexity of the world in which we live is highlighted by ever-changing moral standards, or in many cases the lack of moral standards altogether. Additionally, companies and organizations are increasingly required by civil authorities and professional organizations to establish and implement policies that address issues related to sexual abuse. This policy is written to clarify the standards and principles of sexual conduct that are expected of members of EPI. It is not intended to address the relationship between a husband and wife within the bounds of marriage.

## **Standards**

### **The Bible**

As members of EPI we affirm the Bible as the final rule and authority for our lives. As Christians we are called to be holy in all that we do, just as God is holy, not conforming to the standards of the world. We are to be light and salt to the world. The ethical and moral conduct of all EPI members is of vital importance. Christ has chosen to make Himself known through his people, and our manner of life should be a demonstration of God's love and purity in the church and world.

### **The Cause**

As members of EPI, we are committed to take the message of the Gospel out to those who have never heard. Therefore, we commit ourselves to do everything that promotes that cause, and to do nothing that will hinder it.

### **Culture**

We affirm the Bible to be the final authority for evaluation of culture. We recognize that Biblical standards of holiness may prevent us from engaging in behavior otherwise acceptable in some cultures. Likewise, we recognize the law of love may keep us from certain behavior that would otherwise be permissible according to Biblical standards, but inappropriate to the culture in which we are serving, or offensive to the people among whom we serve.

## **Principles**

The nature and mission of EPI requires that members relate to others on a basis of trust. This relationship calls for personal holiness, integrity and sensitivity towards others in the spirit of Christian love. Any sexual misconduct, including, but not limited to premarital sex, adultery, , homosexual conduct, indecent exposure, sexual harassment, use of sexually explicit materials for sexual gratification, and sexual abuse of children, is clearly forbidden in the Bible and is a violation of the standards of EPI. As such, it will be responded to with immediate action consistent with biblical principles, civil law and EPI policy up to and including dismissal.

### **General**

Members of EPI acknowledge their responsibility to maintain Biblical standards of personal purity, holiness, prayer and love according to the grace and power of God. They are also expected to establish and maintain the necessary accountability and prayer support network to help maintain such standards. Members affirm their responsibility to seek help when they become aware of



problem areas they are not able to address or control adequately on their own. This may be help within or outside the organization. It is the policy of EPI to seek to bring help and restoration to any employee or member who struggles with sexual impurity. When there are substantiated cases of child sexual abuse or sexual harassment, offending members of EPI will be immediately dismissed. It is also the policy of EPI to keep all discussion of sexual purity in the strictest of confidence except where there is a legal duty to report.

### **Child Sexual Abuse Policy**

Child sexual abuse takes advantage of the vulnerability of children who are less powerful to act for their own welfare. It violates the Biblical standards of holiness and the mandate to genuinely love and seek the good of others causing at the minimum, deep spiritual and psychological wounds. If a member of EPI becomes aware of child sexual abuse in his or her own family, or another EPI family, he/she has a duty to report the problem to either his/her supervisor or the director of personnel services. Appropriate action will be taken with a primary aim to bring healing and safety to the child or children involved. All substantiated child abuse (and all complaints of child abuse, when required by law) will be reported to proper civil authority.

EPI maintains standards of conduct for those involved with care of children. EPI maintains standards and practices for initial and follow-up screening, training and supervision of those involved with children in their ministry.

In situations where another person (including other members or employees, “parishioners” or those seeking spiritual guidance, and children under care of the member) has been, or claims to have been harmed by the wrongful act of an EPI member, EPI acting from the highest level will exercise its full corporate will and power with utmost priority and sensitivity to attempt to accomplish the following objectives: verification of the claims; pastoral care of victims; protection of other victims or potential victims; discipline of the perpetrator according to Biblical and legal principles.

In cases of child sexual assault, abuse or harassment, the EPI policy on disclosure will be the guide for disclosure.

### **Sexual Harassment Policy**

EPI prohibits sexual harassment of its members and employees. Employees and members must not engage in harassment in any form. Where, after investigation, sexual harassment is found to have occurred, appropriate action will be taken. An employee or member who believes that he/she has been harassed by a co-worker, supervisor or agent of the organization, or by anyone while in the EPI work environment, should promptly report the facts of the incident or incidents, and the name(s) of the individual(s) involved, to the complaining party’s supervisor or to the director of personnel services. Immediate and effective action will be taken on every sexual harassment complaint and no one will suffer retaliation for reporting sexual harassment.



Supervisors and the director of personnel services must immediately report any complaint of sexual harassment made to them to the next higher level of management, whether director or department head. The field director or department head will promptly and thoroughly investigate all sexual harassment complaints reported to them. All information obtained during an investigation of sexual harassment will be documented. The person in charge of investigating a complaint will prepare a written report detailing that investigation and its findings. At the conclusion of the investigation, the person in charge of the investigation will prepare a written report detailing that investigation, including a finding as to the nature of the complaint, whether the charges of the complaint were substantiated, and what action, if any, should be taken, based upon the findings of the investigation, including a recommendation as to appropriate disciplinary action, if any. Recommended disciplinary action may include dismissal in appropriate cases.

Sign and date the EPI Policy on Sexual Conduct Acknowledgement Form on the following page.



## EPI Policy on Sexual Conduct Acknowledgement Form

I hereby acknowledge that I have read the policy on Sexual Conduct of EPI and agree to adhere to this policy during my service with EPI or any entity to which I may be loaned/seconded by EPI. I recognize that in cases of suspected violation of civil law EPI may be required to report incidents of alleged sexual misconduct to appropriate authorities.

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

## EPI Liability Release Form

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily applied to participate as an EPI Project Member by attending a short-term mission project with the organization Eagle Projects International, Inc. (EPI), Sangerville, Maine, USA. As a result of my participation in any EPI project activities, I hereby agree that I, my heirs, guardians, representatives and assigns will not make a claim against or sue EPI, or anyone of its affiliated organizations, employees or representatives, for death, injury, or damage to my person caused, by an employee, agent, representative or contractor of EPI or its affiliated ministries or organizations. In addition, I hereby release and discharge EPI and its affiliated organizations, employees, agents and representatives, from all claims, actions or demands I, my heirs, guardians, representatives or assigns now have or may hereafter have for death, injury, or damage to my person resulting from my participation in these activities.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN EAGLE PROJECTS INTERNATIONAL, INC. AND ME, AND I SIGN IT OF MY OWN FREE WILL.**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date