



**July 1, 2018 – August 12, 2018**

Buffalo Dream Center  
286 Lafayette Avenue, Buffalo NY 14213  
(716) 854-1001  
information@buffalodreamcenter.org  
[www.buffalodreamcenter.org](http://www.buffalodreamcenter.org)

Please complete this form and return it to the Buffalo Dream Center.

### Personal Information

Full Name: \_\_\_\_\_  
Last Name First Middle

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

\_\_\_\_\_  
City State / Prov. Zip / Postal Code

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Sex: Male  Female

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

## Conversion Experience & Christian Service

1. Briefly share your Christian testimony. Include the date you became a Christian and how your relationship with God has grown since that day.

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2. What church activities are you currently involved in?

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3. Do you attend church regularly? Yes  No

If no, please explain below. If yes, please write the name and address of your church.

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4. List any special skills or talents you have.

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5. Have you ever gone on a mission trip before, or done an internship? Yes  No   
If yes, where have you been and how long were you away?

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6. Why are you interested in participating in this internship program? (Answer in detail. If necessary, use a separate sheet of paper.)

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### Miscellaneous Information

Do you presently use tobacco? Yes  No

Do you presently use alcohol? Yes  No

Have you ever used illegal or habit-forming drugs? Yes  No

Date you last used illegal or habit-forming drugs: \_\_\_\_\_  
Day / Month / Year

Do you have a criminal record? Yes  No

If so, attach a letter explaining. Please include all charges and sentences.

The Buffalo Dream Center reserves the right to run a criminal background check on every perspective volunteer.

### Emergency Information

Nearest relative to be notified in case of emergency:

Full Name: \_\_\_\_\_  
Last Name First Middle

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

\_\_\_\_\_  
City State / Prov. Zip / Postal Code

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Sex: Male  Female

Relationship: \_\_\_\_\_

## Medical History and Information

Your general health: \_\_\_\_\_ Excellent    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor

Do you have any physical disability? Yes  No

If yes, please explain.

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Have you ever been treated for any mental or emotional condition? Yes  No

If yes, please explain.

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Please list all existing medical conditions including allergies:

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If you have allergies, are they life threatening? Yes  No

If yes, please explain.

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Please list all medication you are currently taking:

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Will any problems result in hard physical labor? Yes  No

Are you unusually sensitive to heat? Yes  No

Have you ever been completely or partially overcome by heat? Yes  No

If any of the above questions were answered yes, please explain:

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## Medical Release Form

Notice: This is a binding legal document. Please read carefully and sign. Consult an attorney if you have any questions. It is a release of claims and hold harmless for future accidental injuries or death of minor/participant and authorization for emergency medical or dental care to minor/participant.

1 (a)

I, the undersigned, the parent or legal guardian, of the minor listed below:

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Minor's full name

Birth date (MM/DD/YEAR)

1 (b)

I, the undersigned, a legal adult, listed below:

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Adult Participant's full name

Birth date (MM/DD/YEAR)

Agree to the medical release for the activity described below.

Summer Internship Program at the Buffalo Dream Center

Dates of trip: \_\_\_\_\_

2. I have inquired about the activity to my satisfaction and am aware of all the inherent dangers of the above activity and the benefits to be gained by the minor/participant engaging in the activity.

3. By signing this form, I understand and agree that neither Buffalo Dream Center, hereinafter known as BDC, nor its agents, officers, directors, employees, or ministry partners may be held liable in any way for any occurrence in connection with the above activity which may result in injury, death, or other dangers to the minor/participant or his or her heirs, family, or assigns.

4. For being allowed to participate in the above activity, I (on behalf of the minor/participant) personally assume all risks in connection with the activity. I release BDC, its agents, officers, directors, employees, or ministry partners from any injury or damage, which may befall me/the minor while he or she is engaged in the above activity. This release includes all risks connected with the activity, whether foreseen or unforeseen. I further agree to save and hold harmless BDC and the above named persons from any claim by me or the minor, or the family, estate, heirs, or assigns arising out of his or her participation in the above activity.

5. I authorize any x-ray examinations, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist licensed by the State or Country in which such treatment is needed; any ambulance or hospital service that may be rendered to the minor/participant named above under the general, specific, or special consent of the acting agent of BDC, the temporary custodian of the minor/participant, whether such diagnosis or treatment is required at the office of the physician or dentist, or at the hospital licensed by the State in which such treatment is needed. I further authorize the physician or dentist to call in any necessary consultants at his or

her discretion and to exercise their discretion in authorizing the disposal of any severed tissues or member. I understand that this consent is given in advance of the specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor/participant, and said physician or dentist to exercise his or her best judgment as the requirements of such diagnosis or medical, dental or surgical treatment. I understand that neither BDC nor any person having temporary custody of the minor assumes responsibility for the payment of the ambulance, doctor, dentist, or hospital fees; that is my responsibility.

I have health insurance with:

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Policyholder's name is:

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The policy number is:

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This consent shall remain in effect unless revoked in writing, delivered to the said physicians or dentists or the said persons entrusted with the temporary custody, care, and control of the minor child/participant named above.

6. Further I give my permission for any and all pictures, audio, videos, or personal testimonies to be used in part or in whole in any and all future publications printed or recorded, (audio or video), without prior notification or royalties.

7. Furthermore, I state that (a) I am of legal age and legally competent to sign this agreement and release; (b) I understand the terms in this agreement and release are contractual and not a mere recital; (c) I have fully informed myself of this agreement and release by reading it before I signed it; (d) I have had the opportunity to consult with legal counsel regarding the effect of this agreement and release, should I so desire; and (e) I have signed this document of my own free act.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

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Full legal name of Applicant

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Signature of Applicant

**For a minor only:**

(If signed by only one individual) I, the undersigned assert that I have legal custody or am legal guardian of the minor listed above.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature Legal Guardian

\_\_\_\_\_  
Signature of Witness (Other than Custodian)

(Please Note: If signed by only one parent or one legal guardian, this document MUST be notarized in order to be accepted by medical personnel.)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Signed or attested before me on: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Notary

(Seal)  
My Commission Expires: \_\_\_\_\_

## Buffalo Dream Center Team Member Rules and Guidelines

The following rules, guidelines, and dress code were read on this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (“Volunteer”), an  
Volunteer’s Name

Individual participating in a mission’s trip through the Buffalo Dream Center:

1. Submission and respect by Volunteer is to be shown to leadership and staff of the Buffalo Dream Center at all times.
2. Realizing that the city or country being visited is culturally different than where Volunteer is from, Volunteer will not question or argue with the leadership and staff of the Buffalo Dream Center regarding the way they operate the various ministries.
3. Volunteer is expected to follow the same daily schedule as the leadership, staff, and other volunteers of the Buffalo Dream Center.
4. No romantic relationships will be tolerated among team members.
5. Volunteer is expected to provide his/her own spending money while on the internship. This amount should be based upon Volunteer’s own spending habits.
6. Volunteer is responsible to provide any extra snacks and special food items he/she requires.
7. Smoking during the internship is prohibited.
9. No alcoholic beverages, illegal drugs, or pornography are allowed at any time or in anyone’s possession during the internship.
10. Volunteer is required to follow all the rules of the house he/she is staying in.
11. Proper dress is required at all times. Please see “Dress Code”.

I understand that failure to comply with one or more of these policies could result in my immediate dismissal from property and/or ministry. In the event of a dismissal there will be no refunds for the remainder of the scheduled internship.

I agree to abide by the rules and regulations set forth by the Buffalo Dream Center, and I understand that they may change from time to time due to circumstances that dictate such changes.

I agree to fully support the leadership and staff of the Buffalo Dream Center in word and conduct. I will remain positive and flexible. I understand that they are responsible for the



performance, behavior and safety of each team member and have the right to request that a rebellious member be sent home at any point during the internship, at his or her own cost.

\_\_\_\_\_ I have read the above information thoroughly and fully understand all aspects of this document. I fully agree to comply with the guidelines above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Dress Code**

1. If Volunteer has to ask himself/herself, “Is this appropriate?” – It is probably not appropriate.
2. The climate of Buffalo in the summer is hot. Keep this in mind when bringing clothing. Clothing that is loose fitting and modest must be worn.
3. Sometimes evenings are cool. A light jacket or sweater is appropriate.
4. Shorts are acceptable. If Volunteer wears them, they should be of modest length. Capris are also acceptable for ladies.
5. Women’s shirts should be of modest length and not tight fitting. The stomach should not be visible when the hands are raised. Sleeveless shirts are not acceptable. For males, tight fitting muscle shirts are unacceptable.
6. Volunteer should bring some clothing that he/she doesn’t mind getting ruined including an old pair of shoes.
7. For Sunday nice casual clothes are acceptable.
8. For shoes every team member must have at least one pair of running shoes that completely covers the foot. This is for your safety at work sites. Sandals are acceptable as well.
9. Do not bring expensive jewelry or accessories.

**Personal Recommendation: Confidential**

Name of Applicant \_\_\_\_\_

**Applicant:** IMPORTANT! Your personal reference completes this form. Please fill out only your name. Please make sure that the person you select as a personal reference is not a relative. The pastoral reference can be your senior pastor, youth pastor, or a pastor on staff at the local church you attend.

**Reference:** Please complete the recommendation, place it in an envelope, seal the envelope and send to The Buffalo Dream Center, P.O. Box 934, Buffalo, New York 14201. Do NOT return this form to the applicant. If you have any questions please call 716.854.1001.

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

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

\_\_\_\_\_  
City State / Prov. Zip / Postal Code

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Sex: Male  Female

Relationship: \_\_\_\_\_

Please read the following before filling out this recommendation. Serious consideration will be given to your evaluation of the applicant’s character and fitness for short-term missions. We need to know as much as possible about our applicants to make fair appraisals of their qualifications, matching all applicants with the best possible ministry opportunity for them. Your responses will be held in strict confidence.

How long have you known the applicant? \_\_\_\_\_

How well do you know him/her?  
BY FACE/ NAME  CASUALLY  FAIRLY WELL  VERY WELL

Which of the following best describes the applicant?  
E=EXCELLENT AA=ABOVE AVERAGE A=AVERAGE P=POOR U=UNKNOWN

Adaptability\_\_\_\_ Servanthood\_\_\_\_ Dependability\_\_\_\_ Spiritual Life\_\_\_\_ Maturity\_\_\_\_

Response to Authority\_\_\_\_ Spiritual Influence on Peers\_\_\_\_ Leadership Ability\_\_\_\_

O=OFTEN S=SOMETIMES R=RARELY N=NEVER U=UNKNOWN

Procrastinates\_\_\_\_ Critical\_\_\_\_ Irritable\_\_\_\_ Inclined to Crushes\_\_\_\_ Depressed\_\_\_\_

Argumentative\_\_\_\_ Domineering\_\_\_\_ Rebellious\_\_\_\_ Punctual\_\_\_\_

Is the applicant active in his/her church? Yes  No

To your knowledge, has the applicant had a salvation experience? Yes  No

To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation such as family problems, financial struggles, or a troubled romance?

Yes  No

Are you aware of any mental or emotional illness or instability in the applicant? Yes  No

To your knowledge, has the applicant used tobacco, alcohol, or illegal drugs in the last year?

Yes  No

Have you ever had reason to question the applicant's morals? Yes  No

Do you have any reason to lack confidence in the applicant? Yes  No

Based on the above information, for a missionary position with BDC the applicant is:

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**Pastor's Recommendation: Confidential**

Name of Applicant \_\_\_\_\_

**Applicant:** IMPORTANT! Your pastor completes this form. Please fill out only your name. The pastor's recommendation can be completed by your senior pastor, youth pastor, or a pastor on staff at the local church you attend.

**Pastor:** Please complete the recommendation, place it in an envelope, seal the envelope and send to The Buffalo Dream Center, P.O. Box 934, Buffalo, New York 14201. Do NOT return this form to the applicant. If you have any questions please call 716.854.1001.

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

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

\_\_\_\_\_  
City State / Prov. Zip / Postal Code

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Sex: Male  Female

Relationship: \_\_\_\_\_

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BY FACE/ NAME  CASUALLY  FAIRLY WELL  VERY WELL

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Response to Authority\_\_\_\_ Spiritual Influence on Peers\_\_\_\_ Leadership Ability\_\_\_\_

O=OFTEN S=SOMETIMES R=RARELY N=NEVER U=UNKNOWN

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