

# Operation Renewed Hope

Professional Application Form  
 2150 Storm Canyon Rd  
 Winston Salem, NC 27106  
 (910) 987-5072 (Cell)  
 operationrenewedhope.org  
 rwilliamson@teamorh.com



General Information					
Name on Passport:					
Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Work Phone:		Fax:			
Email:					
Age:		Gender:	M F	Date of Birth:	
Passport #:		Expiration Date:			
Closest International Airport:					
Profession:		Shirt Size:			
Trip of Interest:		Year:			
Church Information					
Name of Church:					
Address:					
City:		State:		Zip:	
Phone:		Fax:			
Email:					
Pastor:					
Phone:					
Email:					
References					
Name 1:					
Address:					
City:		State:		Zip:	
Phone:		Cell:			
Email:					
Name 2:					
Address:					
City:		State:		Zip:	
Phone:		Cell:			
Email:					
Education					
Degree		School		Year	
Degree		School		Year	
Degree		School		Year	
Degree		School		Year	
General Health					
Condition:					
Medicines:					
Allergies Reactions:					

**Touching the Heart...Reaching the Soul**

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<b>Application Questions</b>	
Have you had surgery or been hospitalized within the last year?	Y N
Do you have heart trouble?	Y N
Do you have allergic reactions requiring immediate attention?	Y N
Do you have allergic reactions to insect stings?	Y N
Do you have diabetes?	Y N
Do you have life threatening health problems if not closely monitored?	Y N
Do you have debilitating health problem requiring hospitalization?	Y N
Do you have health problems requiring special treatment?	Y N
Do you have a problem with seizures?	Y N
Do you have problems with diagnosed with depression?	Y N
Are you currently taking medication for depression?	Y N
Are you pregnant at this time or will you be pregnant at the time of travel?	Y N
Have you ever attempted suicide?	Y N
Do you have problems with fainting?	Y N
Have you ever lost track of time or lost knowledge of who you are	Y N
Have you had episodes of sea sickness?	Y N
Have you had episodes of motion sickness?	Y N
Do you have problems with traveling by air?	Y N
Do you have phobias?	Y N
Are you presently being sued for malpractice?	Y N
Have you ever been sued for malpractice?	Y N
Have you ever broken the law and been prosecuted?	Y N
Do you use illegal drugs or legal drugs illegally?	Y N
Do you use Tobacco?	Y N
Do you use Alcohol?	Y N
Do you attend church regularly?	Y N
Do you use profanity?	Y N
Do you take any medicine for depression?	Y N
Have you ever been expelled from a school?	Y N
Are you willing to pay your own expenses for medical trips?	Y N
Are you able to endure discomfort, poor food, rough ocean travel, and air flights?	Y N
Can you work with teen-age student trainees?	Y N
Can you swim?	Y N
Have you ever had an episode of violent behavior?	Y N
Do you take medicine to thin the blood?	Y N
Have you been arrested for any reason?	Y N
Have you ever been convicted of a crime?	Y N
Have you ever hurt someone in anger?	Y N
Have you ever been charged with DUI?	Y N
Have you ever been investigated for child abuse or domestic violence?	Y N
Have you ever been investigated for child pornography?	Y N
Have you ever been investigated for child molestation?	Y N
Have you ever been investigated for any sexual crime?	Y N

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## Salvation Testimony

## Instructions

Please, mail this application as soon as possible to Rick Williamson, 2150 Storm Canyon Road, Winston Salem, NC 27106.

This application and all requested materials may also be returned by attachment to rwilliamson@teamorh.com.

If you are a medical professional, ORH must have copies of all diplomas, certificates, licenses, or official documents concerning your academic or professional accomplishments.

ORH must also have a copy of the photo page of your passport.

ORH must also receive a completed Medical and Liability Release Form prior to travel. Directions for submission must be followed as outlined on the form.

ORH requires that you read and agree to abide by the Standard Clinic Operations Procedures manual.

No person may consider themselves approved for travel with ORH unless all requested documents including this application are submitted, on file, verified, and approved by ORH.

Applicants will receive an email informing them of their approval to engage with ORH. No person may assume they are approved until they have notification. Thank you for your prompt attention to these matters

## Signature

Thank you for requesting this application. Pray that God will lead our work together.

I confirm by my signature that the information I have given in this application is truthful and accurate.

<b>Signature:</b>		<b>Date:</b>	
<b>Parent:</b>		<b>Date:</b>	

**A parent must sign the application if the applicant is below 18 years of age.**

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