

Friend Ships Unlimited

1019 North First Avenue * Lake Charles, LA 70601 U.S.A * Tel: (337) 433-5022 * Fax: (337) 433-3433 * E-mail: personnel@friendships.org * www.friendships.org

Dear Applicant,

Thank you for your desire to serve the Lord as a volunteer with Friend Ships. We would like to take this time to introduce you to our organization. Friend Ships Unlimited, a.k.a. Park West Children's Fund, Inc., is a nonprofit charitable corporation that operates with a staff of full-time and part-time unpaid volunteers.

Friend Ships is dedicated to fulfilling the biblical scriptures that teach us to help people in times of need and to encourage others to do likewise. The organization works through the collection, delivery and distribution of food, medical supplies, clothing and building materials and by providing medical services and disaster relief services. We provide aid to people of all races, nationalities and religions at **no charge**.

Every day, millions of people in underdeveloped countries are in need of food, clothing, medicine and shelter. Thousands die because they lack these necessities. In developed countries, there is often a surplus of these same commodities that are destroyed because of the lack of a method to gather and transport them. Because of our desire to help, and our compassion for the less fortunate people of the world, Friend Ships has strived to be an effective transportation line to the poor. Our primary objective has been to provide tools for missionaries and ministers in the areas where we delivered or sent cargo, so that they could spread the love of Jesus more effectively. The Lord has now moved us into another sphere of collecting and delivering commodities in times of natural disasters throughout the world.

With our fleet of ships standing by, we are able to respond immediately after a disaster strikes by delivering tons of food, clothes, building supplies, water and free medical assistance. With the resources God has given us, and a team of volunteers, we are able to assist in meeting the physical and spiritual needs of a hurting community and to encourage and empower the local Christians. Our team of dedicated relief workers do all they can to show God's love and compassion.

To summarize, our work with the ships is three-fold.

- First, we take humanitarian supplies to countries in need.
- Second, we are active in emergency response with our ships in time of disaster and we are also equipped to respond by road, to disasters within the United States.
- Third, we operate medical missions to areas of extreme need.

As a potential volunteer, it is important to understand that our work involves a great deal of physical labor; however, we try to take into account your age and fitness level when placing you in a department.

Some of the most important qualities in a successful relationship with Friend Ships are a love for God, a servant's heart, flexibility, a positive and willing attitude, respect for authority and trust in God. We require spiritual and emotional maturity. After much prayer, if you believe God wants you to be a part of Friend Ships, we request that you carefully read and fill out all the required information in this packet and submit them. After your application and other related paperwork is received, we will notify you via your specified email. Once everything is completed you will be emailed with arrangements to call you.

May the Lord continue to guide and lead you in this time of searching and decision making!

In Christ,
Personnel Department

Facts of Serving with Friend Ships Unlimited

We are a working ministry, a transportation line to the poor and the less fortunate. At the present time, there is limited “hands on” evangelistic ministry during work hours; however, staff members are encouraged to become involved with local churches and outreaches in their off-duty time.

We do not have a DOCTRINAL STATEMENT: Friend Ships is a nonprofit charitable organization; hence we do not have a doctrinal statement. However we have a Mission Statement.

Friend Ships Unlimited (AKA Park West Children's Fund, Inc.) is dedicated to fulfilling the Biblical scriptures that teach us to help people in times of need and to encourage others to do likewise. The organization works through the collection, delivery and distribution of food, medical supplies, clothing, and building materials and by providing medical services, disaster relief and training. We provide aid to people of all races, nationalities, and religion. Programs give help to children, families and individuals who are impoverished, refugees and/or victims of natural disaster and to the institutions who assist them. Friend Ships operates with all full time and part time unpaid volunteers, working within the US and in many areas around the world.

We are not affiliated with a particular church, but we work with all Bible believing Christian denominations and our staff consists of Christians from many different denominations.

We do not offer a DISCIPLESHIP TRAINING PROGRAM (other than our youth-oriented Sea Hawks Program): Our volunteers come to us with a Pastor’s recommendation, stating that they are mature Christians, ready for Christian service. From Monday to Friday our day begins with a mandatory meeting called Morning Refreshing. The meeting usually consists of praise, worship and Bible teaching etc. Other meetings may be scheduled by Friend Ships’ leadership.

ELIGIBILITY: People at least **26 years** or older are eligible (18-25 years might be eligible to serve if they will be with us for a brief time of service under two months, otherwise they will have to apply for the Sea Hawks program). There is **no upper age** limit as long as one’s health is good. **Families** with dependent children are accepted on a limited basis. **Single parents** with dependant children are not presently accepted. There are no **educational requirements**. **Professional, skilled and unskilled people are all welcome, and a blessing.**

EVALUATION PERIOD: Six months is set aside as an evaluation period. During this time new volunteers go through an orientation course. This consists mostly of teaching tapes, Bible studies, books and other materials used to help volunteers grasp the vision and better prepare for their service with Friend Ships. Upon successful completion of the evaluation period, a volunteer will be invited to fill out a “Dream Sheet,” stating where they would like to serve in Friend Ships. Some specific work positions require a long term commitment.

FINANCIAL SUPPORT: Friend Ships does not require any volunteer to raise support. However, it is necessary that volunteers have access to funds for medical and emergency needs. It is recommended that you also have USD \$50 to USD \$100 per month for personal spending money. Housing and food is furnished free of charge while serving with Friend Ships. Friend Ships is staffed entirely by volunteers. No one in the organization receives a salary.

FINANCIAL RESPONSIBILITY: Volunteers are **financially responsible** for their **travel** expenses when they come to join Friend Ships, go on vacation or leave the organization. Please be prepared to return home at your own expense if it becomes necessary for any reason. Foreign staff members are also responsible for fees related to visas and immigration permits.

MEDICAL: Friend Ships is not responsible for your medical and dental needs. You may want to consider carrying medical/dental insurance. There are some companies that operate internationally.

FULL TIME SERVICE: All men and women living on Friend Ships grounds, including those with children, are considered staff of Friend Ships, and are expected to participate with us full-time. There may be no outside employment of any kind.

WORK ASSIGNMENT: When you join Friend Ships you will be assigned a duty in a specific department. You will have a supervisor who will direct your daily work. Your skills and work preferences will be taken into consideration, but because of the nature of our work and the needs of the organization, shifting between facilities and departments often becomes necessary. Please remain open and flexible in such circumstances.

WORKING HOURS: Volunteering with us is a full-time commitment, seven days a week, 24 hours a day. Our normal work week is Monday through Saturday. Typical work hours are 8:00 a.m. to 5:00 p.m., depending on the location. At times, due to different circumstances (loading a vessel, being close to departure dates etc.) it becomes necessary to do the work of the ministry for longer hours and on Sundays. This is not a common occurrence. We ask that you carefully consider whether or not you will be able to work the longer hours, on Sundays and at times seven days a week. If you will not be able to comply with these occasional work demands please do not submit an application.

PERSONAL GROOMING & ETIQUETTE: Here at Friend Ships we expect all of our volunteers to be neat and well groomed. Please be modest in the way you dress. Upon arrival each new crew member will receive dress code guidelines that apply to serving with Friend Ships.

TIME OFF: Full-time staff earn during the course of the year 1 week off the 1st year, 2 weeks off the 2nd year, 3 weeks the 3rd year and a maximum 4 weeks the 4th year and continued years after. You will not earn any vacation days during your six month evaluation period. No vacation time may be taken during this period unless it is to attend to essential personal matters. All vacation time is subject to the needs of the organization and the department in which you work.

ROMANTIC RELATIONSHIPS: No romantic relationships are allowed during your first six months. This is a time set aside to adjust to missionary life, communal living and the work of Friend Ships and to seek God for direction regarding future service with Friend Ships.

HOME SCHOOLING: Each mother can teach her own child (or children) 4 hours a day and may use the curriculum of choice. After the four hours, the child goes to child care and the mother works in the department she is assigned to. Fathers are expected to fill other full-time positions with Friend Ships. It is the responsibility of the parents to arrange and pay for the curriculum materials for their children.

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VOLUNTEER APPLICATION

You must answer every question and check boxes that apply. Please use blue or black ink and print neatly. Thank you!

Note: If you have a spouse and/or children, Please copy this entire form and attach one form for each additional family member applying.

Personal Information

Name:	Please fill out appropriate telephone numbers and <input checked="" type="checkbox"/> check your preferred contact number.
Address:	<input type="checkbox"/> Home: _____ <input type="checkbox"/> Cell: _____
City: State: Zip:	<input type="checkbox"/> Work: _____ Ext.: _____
Country: Country Code:	Highly preferred method of contacting you.
E-mail:	

<input type="checkbox"/> Male <input type="checkbox"/> Female	Height ____' ____" Weight ____ lbs.	Date of Birth: _____ <small>(Month / Day / Year)</small>	T-Shirt Size: <input type="checkbox"/> S, <input type="checkbox"/> M, <input type="checkbox"/> L, <input type="checkbox"/> XL, <input type="checkbox"/> XXL
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U.S. Citizen Yes, or No **If No, what is your nationality?**

Marital Status: Single, Married, Single-Parent, Separated
Do you have any custody related issues for any children that may or may not be applying with you to join Friend Ships? Yes, or No

Experience Background

Do you have any experience in the following: *(Please check the boxes that apply to you.)*

<input type="checkbox"/> Domestic	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Painting	<input type="checkbox"/> Maritime Skills	<input type="checkbox"/> Security	<input type="checkbox"/> Teaching	<input type="checkbox"/> Children's Ministry
<input type="checkbox"/> Cooking	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanics	<input type="checkbox"/> Engineering	<input type="checkbox"/> Driver /	<input type="checkbox"/> Music	<input type="checkbox"/> Disaster Response
<input type="checkbox"/> Sewing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Electronics	<input type="checkbox"/> Welding	Endorsements	<input type="checkbox"/> Office /	<input type="checkbox"/> Medical
<input type="checkbox"/> Other: _____					Computer	

Please expound on above areas of experience and other areas not specified: _____

(Please use additional paper if needed.)

Please describe any previous short or long term volunteer work you have participated in: _____

Why do you desire to be a volunteer with Friend Ships? _____

(Please use additional paper if needed.)

Have you used any of the following in the past three years? (Please check)

- Excessive Alcohol Sleeping Pills Mood Elevators Tranquilizers Marijuana Cocaine LSD Heroin
 Tobacco Products Other (ILLEGAL DRUGS / SUBSTANCES): _____

If you checked any of the above items please specify the reason, frequency and date of last use: _____

Have you ever been convicted of a felony? Yes, or No **If Yes, When & details:** _____

Are you on probation? Yes, or No **If Yes, Please give details:** _____

(Please use additional paper if needed.)

Do you have any outstanding debts? Yes, or No **If Yes, Please give details:** _____

Will you have sufficient income to cover these debts while working with Friend Ships? Yes, or No
Please give details: _____

Emergency Information

Name of Contact: _____

Relationship: _____

City _____ State: _____

Country: _____ Country Code: _____

Please fill out telephone numbers and check best contact number.

Home: _____ Cell: _____

Work: _____ Ext.: _____

E-mail: _____

Please fill in information on your current Pastor or Church Leader we may contact for a reference:

Name: _____

Position: _____

City: _____ State: _____

Church: _____

Church #: _____ Cell: _____

E-mail: _____

Please list a current or most recent employer we may contact for a reference:

Name: _____

Position: _____

City: _____ State: _____

Company: _____

Telephone: _____ Cell: _____

E-mail: _____

Feedback

How did you hear about Friend Ships? (Please check those that apply)

- Internet/Website Radio broadcast Magazine/Newspaper Heard speaker Book/audio College News
 Visiting group T.V. broadcast Friend / Crewmember Tradeshow Other: _____

Comments/Details: _____

Applicant Signature: _____

Date: _____

Volunteer Opportunities

There are several ways to become involved with Friend Ships. Please place a check mark next to each area(s) you are interested in serving with us and provide the requested information.

Name: _____

Current Date: _____

Friend Ships Headquarters - Port Mercy at Lake Charles, Louisiana

Experience the profound effects of truly living by faith! There is much work to be done and many people needed at Port Mercy in preparation for our future missions. We are looking for individuals interested in assisting with all of the many things that go into preparing a ship to sail--anything from housekeeping to cargo loading to cooking for crew! No special skills are needed, just willing hearts and hands! Whether you come for a day, a month or for a year, each person that puts their hand to the plow is part of these missions to touch and change lives.

Yes, I would like to join the Crew at Port Mercy in Lake Charles, LA.

YOU MUST GIVE AN ESTIMATE OF THE TIME PERIOD YOU INTEND TO SERVE WITH FRIEND SHIPS:

Dates you are available for: Start _____ To _____

THE FOLLOWING THREE POSITIONS ARE SHORT-TERM VOLUNTEER OPPORTUNITIES

If you select any of the following positions and are accepted, your name will be entered into our On-Call Volunteer Database according to the area(s) you have specified. When we have a need for your particular skill or interest, you will be contacted **via email** with the details of the upcoming outreach/mission. If the dates and location of the mission suit you, you will arrange for your own transportation to meet us in the specified mission site and stay for the duration *'in the field'*. While on location, Friend Ships will provide for your food, housing and transportation. Your only costs will be your transportation to and from the specified outreach/mission site and any necessary immunizations.

- VERY IMPORTANT- You must attach copies of any licenses and/or certifications that you have.

1. Medical Volunteer (typically 1 - 2 weeks 'in the field' a longer commitment is even better)
Licensed healthcare providers (typically but not limited to: MDs, RNs, FNPs, DDSs, PAs) and non-licensed or peripheral-primary care workers (LPNs, medical students, nursing students, nurses aides, paramedics, technicians, etc.) are needed for the operation of medical clinics overseas and after disasters.

Yes, I want to become a Friend Ships Medical Volunteer.

2. Maritime Licensed Officer Personnel ONLY

As a licensed ship's captains, officer or engineer (U.S.A. or International) you can be added to our maritime on-call database. You will be notified when a position becomes available for an upcoming voyage onboard one of our vessels.

Yes, I want to be added to the Volunteer Maritime Personnel Roster.

3. Disaster Response Volunteer (typically a 2 week commitment at a time)

This is for individuals interested in being an effective part of our disaster response team. Our outreaches include food service, house to house ministry, commodity distribution and chain-saw teams just to mention a few.

Yes, I want to become a Friend Ships Disaster Response Volunteer.

Additional Information - Fill out only if you are applying for a Specific Outreach or Mission

(i.e. Medical Mission to Syria or for a specific mission / outreach)

Specific outreach/mission:

Dates available: Start _____ To _____

Fluent Languages:

PASSPORT INFORMATION

Nationality: _____

ONLY IF APPLICABLE

Group/Team Name: _____

Passport #:

Expires:

Leader Name:

PHYSICAL WELLNESS

*** IMPORTANT ***

Answer every question and check boxes that apply. This form must be received along with the application in order to process your paperwork. Please answer honestly and openly. Please use additional paper if needed.

All applicants are prayerfully considered so your responses will not automatically disqualify you.

CONDITION OF HEALTH (Please check): POOR, FAIR, GOOD, EXCELLENT

Do you have any Allergies: Yes, or No **If Yes,** Please list: _____

Health Conditions: Please check the boxes that apply to the following conditions you have or had.

Asthma <input type="checkbox"/> Have or <input type="checkbox"/> Had	Tuberculosis <input type="checkbox"/> Have or <input type="checkbox"/> Had	Circulatory Problems <input type="checkbox"/> Have or <input type="checkbox"/> Had
Hepatitis <input type="checkbox"/> Have or <input type="checkbox"/> Had	HIV Virus/Aids <input type="checkbox"/> Have or <input type="checkbox"/> Had	Heart Problems <input type="checkbox"/> Have or <input type="checkbox"/> Had
Epilepsy <input type="checkbox"/> Have or <input type="checkbox"/> Had	Claustrophobia <input type="checkbox"/> Have or <input type="checkbox"/> Had	Diabetes/Hypoglycemia <input type="checkbox"/> Have or <input type="checkbox"/> Had
Mental Illness <input type="checkbox"/> Have or <input type="checkbox"/> Had	Depression <input type="checkbox"/> Have or <input type="checkbox"/> Had	Back Problems <input type="checkbox"/> Have or <input type="checkbox"/> Had
Eating Disorder <input type="checkbox"/> Have or <input type="checkbox"/> Had	Other:	<input type="checkbox"/> Have or <input type="checkbox"/> Had

How many Sick days have you taken off from work in the last year (Your best estimation): _____ Day(s)

Please explain: _____

PHYSICAL CONDITIONS: Please check yes or no to the following. Explain any limitations or accommodations required.

Can you lift and carry 20 pounds repeatedly? Yes, or No **If No,** please comment: _____

Can you climb two or more flights of ladders? Yes, or No **If No,** please comment: _____

Can you stand for at least two hour periods? Yes, or No **If No,** please comment: _____

Can you sit for long periods? Yes, or No **If No,** please comment: _____

Can you work and live with little or no privacy? Yes, or No **If No,** please comment: _____

Can you tolerate extreme heat and humidity? Yes, or No **If No,** please comment: _____

Can you tolerate extreme cold? Yes, or No **If No,** please comment: _____

Can you tolerate areas with mold and mildew? Yes, or No **If No,** please comment: _____

Can you sometimes work 12 hour shifts/nights/weekends? Yes, or No **If No,** please comment: _____

Do you require special food items/diet/timing of meals? Yes, or No **If Yes,** please comment: _____

Do you require access to specialized medical care? Yes, or No **If Yes,** please comment: _____

Do you require air conditioning? Yes, or No **If Yes,** please comment: _____

Are you presently taking any prescriptions? Yes, or No **If Yes,** fill out the "Medical Information and Agreement".

We may request information from your physician regarding any significant medical and/or emotional problems that currently affect you. Correction of any problems regarding vision, hearing or dental care should be completed before joining Friend Ships, if possible.

Signature: _____ Date: _____

I CERTIFY THAT I HAVE ANSWERED THE QUESTIONS FULLY AND HONESTLY AND THAT I HAVE NO OTHER SIGNIFICANT HEALTH PROBLEMS.

MEDICAL INFORMATION AND AGREEMENT

You must answer every question. Please use blue or black ink and print neatly. Thank you!

Note: This form is only used for ongoing permanent or semi-permanent conditions including (but not limited to) epilepsy, bipolar disorder, clinical depression, schizophrenia, alcoholism, drug addiction, diabetes, cardiac conditions, hypertension, asthma, and acute allergies. Do not include temporary conditions and medicines such as antibiotics for infections or antihistamines for transient or seasonal allergy conditions such as hives, hay fever, etc.

INFORMATION:

I, _____, have been diagnosed by a medical doctor with the following medical condition (s)
(Your Full Name)

listed by name with the year of diagnosis:

1. _____ 2. _____

3. _____ 4. _____

Additional Notes: _____

I am presently taking the following medication(s) to control the above condition(s):

List Drug Name, Strength, Dosage and Frequency:

1. _____ Year First Prescribed: _____

2. _____ Year First Prescribed: _____

3. _____ Year First Prescribed: _____

4. _____ Year First Prescribed: _____

5. _____ Year First Prescribed: _____

6. _____ Year First Prescribed: _____

AGREEMENT:

I agree to inform the Facility Manager and nurse **BEFORE** stopping this (*these*) medication(s) or **BEFORE** changing the frequency and/or dosage without a medical doctor's directive. Further, if a medical doctor directs me to stop or change this (*these*) medication(s), I agree to inform the Facility Manager **IMMEDIATELY**. I fully understand that failure to honor this agreement by promptly informing the Facility Manager may result in my dismissal from Friend Ships.

Signed by: _____ Date: _____

Witnessed by: _____ Title: _____ Date: _____

STATEMENT OF AGREEMENT

Friend Ships Volunteers

If I am accepted by Friend Ships as a volunteer, I agree to comply with the following terms in this Statement of Agreement while I am actively serving as a team member.

Please place your initials next to each statement, and sign at the bottom, acknowledging that you have read and agree to comply with all that is written.

- At times I will be working, eating and sleeping in adverse conditions. When on a mission there can be long and irregular hours as well as crowded noisy environments. The food service may be erratic with inappropriate food provided. There may be extreme heat or cold and dampness. Exposure to dust or other allergens is to be expected.
- I understand that my service with Friend Ships is at my own expense. I am responsible for providing my own transportation to and from the site of operations.
- I understand that the goal of Friend Ships is to glorify God through service to those in need. I also understand that I will be working alongside Christians of varying backgrounds. I will put aside denominational differences and focus on the foundational truths of love, mercy and grace found through Jesus Christ. I will not promote my personal political, religious or social agendas.
- I understand that my skills will be taken into consideration, but because of the nature of our work and the needs of the ministry I may be asked to serve in a different capacity.
- I will be respectful and follow the directions of my supervisor regardless of gender, age or race.
- I agree to work in the capacity to which I am assigned.
- If I travel internationally, I agree to obey the laws of the hosting countries and to respect the traditions of the local culture.
- I agree to make every effort to not engage in any negative or disruptive behavior or communication, including but not limited to, displays of anger or impatience. Contention amongst us would only seriously impede our mission.
- I agree to make every effort to represent Christ and His love to those I work with and serve, regardless of their actions or attitude.
- I am willing to comply with directives issued by Friend Ships. I will uphold and follow the policies of the organization.
- I agree not to use any illegal drugs.
- I agree not to smoke or use other tobacco products.
- I understand a high Christian standard of behavior is expected.
- I understand Friend Ships carries no insurance and if desired I need to provide my own.
- I fully understand the mandatory requirements indicated above and certify that I am able to comply with them.

Signature: _____

Date: _____

Verification Form

Please place a check mark next to each area to confirm you have read and/or completed each of the following before sending in your application package to the Personnel Department.

I have read:

- I have read and kept the "Cover Letter".
- I have read and kept the "Facts of Serving with Friend Ships Unlimited".

I have completed and I am submitting the following:

- I have completed the "Volunteer Application form".
 - *I have filled out information on my current Pastor or Church Leader that knows me best and who can give a reference.*
 - *I have filled out information on my current or most recent employer for a reference.*
- I have completed the "Volunteer Opportunities form".
- I have included a recent photo with my application.
- I have completed the "Physical Wellness form".
- If applicable, I have completed the "Medical Information and Agreement form".

Signature Required

Signature: _____ Date: _____
(Month / Day / Year)

By verifying and signing this form I acknowledge that Friend Ships Unlimited has my permission to verify any information I have given on the application package. Applications without proper signatures cannot be accepted.

THANK YOU FOR YOUR INTEREST IN SERVING WITH FRIEND SHIPS!

Please mail completed forms back to:

Friend Ships Unlimited
Attn: Personnel Department
1019 North First Avenue
Lake Charles, LA 70601 USA