TRIBAL WAVES

P.O BOX 784 Ronan, MT 59864 – (406) 675-0642

APPLICATION FOR STAFF

GUIDE TO COMPLETING APPLICATION:

The following items must be submitted BEFORE your application can be processed. All the questions must be completed. If a question does not apply to you, write N/A (not applicable) in the space provided. Husbands and wives enrolling as staff must complete separate applications. We will help you process this if you have questions. If applicant is under the age of 18, parent's or guardian's consent must be provided. God bless you as you seek His guidance in this process.

CHECK LIST:

✓ APPLICATION FORM:

Fill out application form, attach a recent photo of yourself, and sign the application form. Return all forms to: TRIBAL WAVES—Admin. Office, P.O. BOX 784, Ronan, MT 59864. Or YWAMTribalWaves.MT@gmail.com

If you would like to call with questions, contact us at (406) 675-0642.

✓ APPLICATION FEE:

A non-refundable application fee of US $35 for singles and US $60 for couples is to be sent in with your application. Fees must be paid in US dollars ONLY. For checks, please make it payable to TRIBAL WAVES

✓ **PERSONAL HISTORY:**

Please prayerfully answer the following question **on a separate sheet of paper and attach to the application form**. Your answers will be significant in the application process. Please write or type no more than 2 pages total.

1. Briefly describe your conversion experience and other significant spiritual experiences.
2. Describe your present relationship with the Lord and the areas you are seeking to develop in your character.
3. Describe any long-term direction or goals the Lord has given you for ministry or calling (if applicable).
4. Describe your relationship with your family and their feelings about you working with TRIBAL WAVES-Flathead Reservation Montana.
5. What influenced you to apply for TRIBAL WAVES-Flathead Reservation Montana Staff?
6. List anything else we should know about you, your situation, or your family.

✓ HEALTH FORMS:

Please complete all questions on the health form. Health Form A is your personal health history, Form B is to be taken to your physician to be filled out and signed. A child health form must also be filled out and sent in for any children coming with you. Please fill out your childhood immunization records as completely as possible. You should have updated adult boosters (within the last 5 years, see Health Form for details). These things are particularly important, your application cannot be processed without a complete Confidential Health Form.

✓ REFERENCE FORMS:

Two reference forms are enclosed. One reference form should be given to the following: 1) Last YWAM leader, 2). Pastor/Spiritual Leader. Have them fill them out and mail/email to TRIBAL WAVES. If having them mail it in please Include a stamped envelope with TRIBAL WAVES address on it.

We must receive all of the above before we can consider you for any staff position.

PERSONAL INFORMATION:

Last Name:_____ Gender: ____Male ____ Female

First Name:_____ Phone(Home):_____

Middle Name:_____ Phone(Cell): _____

Preferred Name:_____ Phone(Other):_____

DOB(Day/Mo/yr.):_____ Age:_____ Fax:_____

Birthplace (City, State/Providence, Country):_____

_____

U.S Social Security #:_____ U.S Driver's License/ State I.D #: _____

Email address (Primary):_____

Social Media Name FB_____ IG _____

Current Address:_____

City:_____ State/Providence:_____

Postal/Zip Code:_____ Country:_____

Permanent Address:_____

City:_____ State/Providence:_____

Postal/Zip Code:_____ Country:_____

Have you ever been convicted of a crime?_____ if so, please describe including dates:_____
_____

PASSPORT/VISA:

Note: Your passport must be valid for a minimum of 9 months when joining our staff.

Name on Passport:_____ Citizenship:_____

Birthplace (City, Country):_____ Passport Number:_____

Issue Date:_____ Issue Place(City, Country):_____ Expiry Date:_____ Do you have multi-citizenships?_____ yes _____No If yes, please give the same information other than the one above on a separate sheet of paper and attach it. _____ I do not have a valid passport as required, but (circle one) applied / will apply for it on (Day, MO, YR): _____ Non-U.S. Staff Only: U.S Visa Type: _____ _____Multiple Entry_____ Single Entry

Issue Date:_____ Issue Place (City, Country):_____

Expiry Date:_____ If you are already in the U.S., U.S. Entry Date:_____

I-94 Expiry Date:_____ Have you ever been refused a U.S. Visa?_____ Yes_____ No

If yes, state the reason given by the U.S. Consulate:_____

FAMILY INFORMATION:

Marital Status:____ Single ____ Engaged(Date_____) ____ Married(Date_____) ____ Separated(Date_____) ____Divorced(Date_____) ____Remarried(Date_____) ____ Widowed(Date_____)

If married, give spouses information:

First Name:_____ DOB(Day/MO/Yr.)_____

Middle Name:_____ Birthplace:_____

Last/Maiden Name:_____ Wedding Anniversary(Day/MO/Yr.):_____

If accompanied by children, list names and ages:

Name:_____DOB(Day/MO/Yr.):_____Age:_____Sex:_____M_____F

Name:_____DOB(DAY/MO/Yr.):_____Age:_____Sex:_____M_____F

Name:_____DOB(Day/MO/Yr.):_____Age:_____Sex:_____M_____F

Name:_____DOB(Day/MO/Yr.):_____Age:_____Sex:_____M_____F

EMERGENCY CONTACT:

1)Full Name:_____ Relationship:_____

Address:_____

_____

Phone Number:_____ Email:_____

YWAM EXPERIENCE:

Have you been involved with YWAM ministry activities (Volunteer, Intern, Short-term outreach, Seminar, etc.)? ____Yes____ No (If yes, please describe)

Dates:_____ Location:_____ Leader:_____

Roles/Responsibilities:_____

Dates:_____ Location:_____ Leader:_____

Roles/Responsibilities:_____

Dates:_____ Location:_____ Leader:_____

Roles/Responsibilities:_____

CHURCH BACKGROUND:

Church Name:_____ Denomination/Affiliation:_____

Pastor's Name:_____ Phone Number:_____

Address:_____

_____

Email:_____ Fax Number:_____

Fellowship, Ministry, Hope Group, etc.:_____

Leaders Name:_____ Phone Number:_____

Address:_____
_____

Email:_____ Fax Number:_____

EDUCATIONAL DEGREES:

High School/Secondary School/College University/Seminary attended:

1. Institution:_____ Location:_____

   Dates Attended:_____ Major:_____

   Degree:_____

2. Institution:_____ Location:_____

   Dates Attended:_____ Major:_____

   Degree:_____

3. Institution:_____Location:_____

   Dates Attended:_____ Major:_____

   Degree:_____

   _____ I have a GED.

   _____ I have not completed high school/secondary school. My highest level of educational level completed is:_____

VOCATIONAL EXPERIENCE, SKILLS, INTERESTS, GIFTINGS:

1. Previous Employment:_____ Dates:_____

   Brief job description:_____

   _____

2. Previous Employment:_____ Dates:_____

   Brief job description:_____

   _____

3. Previous Employment:_____ Dates:_____

   Brief job description:_____

   _____

Please mark the areas in which you have expertise and/or experience:

- Administration
- Audio/video
- Personnel/HR
- Chef/cooking
- Childcare
- Landscaping
- Plumbing
- Leading Worship
- Counseling
- Graphic Design
- Computer technology/LAN
- Other:_____

Secretarial/reception
Photography
Facilities development
Kitchen development
Construction/carpentry
Auto mechanics
Children's Ministry
Architecture
Business
Accounting
Medical field

Website Design
Writing/editing
Event planning
Bookstore
Mail service
Electrical
Teaching
Managing
Hospitality
Language Teaching
Fitness training

Do you have a calling to a specific area, country, or people group?_____ if yes, please give details:_____
_____
_____
What Spiritual gifting do you walk out?_____
_____
Have you ever worked cross-culturally, especially with indigenous people?_____ if yes, please give details:_____
_____
What musical instruments do you play and at what level?_____
_____

Check all ministry interests:

- ☐ Performing Arts & Worship
- ☐ Intercession/Prayer/Prophetic
- ☐ Facility Planning & Construction
- ☐ IT/Computer Support
- ☐ Grounds/Maintenance/Vehicles
- ☐ Cooking/Hospitality
- ☐ Photography/Video
- ☐ Youth Ministry
- ☐ DTS Staff
- ☐ Graphic Design/website/communications
- ☐ Mobilization/Fundraising
- ☐ Counseling/Pastoral Care
- ☐ Personnel/Administration/Staff development
- ☐ Accounting/Donor Services
- ☐ Bible Study/teaching
- ☐ Evangelism

ETHNICITY/ LANGUAGES:

Please specify ethnic background:_____

English Proficiency (please indicate proficiency using the number scale below):_____

1. Elementary Speaking
2. Limited Word Proficiency
3. Minimum Professional Proficiency
4. Full Professional Proficiency
5. Native Speaking Proficiency
6. Mother Tongue

Other Languages and Proficiency:_____

PHOTO RELEASE:

I, the undersigned, hereby give permission to TRIBAL WAVES to use my name and photographic likeness taken, while participating in any staff, ministry, or community activity, in all forms of media or advertising, trade, and any other lawful purpose.

Print Name:_____ Applicant's Signature:_____ Date:_____

TRANSPORTATION:

Do you drive?_____ will you be bringing your own vehicle?____ Year/Make/Model_____

Vehicle License Plate NO._____ Insurance Company?_____

FINANCIAL INFORMATION:

We recommend new staff who are single start with a minimum of $500 per month committed support and $1,000 per month for couples. Add $250 per month for each child in your family. Double all the above numbers for recommended monthly support amounts. If you are from a developing country and are having a hard time raising the minimum amount, contact us and let's seek the Lord together.

What is your current committed monthly support that you expect to continue every month while you are on staff? : $_____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY:

I understand that payments of the required Staff Fees must be made in U.S. currency. I agree to meet in a timely manner all staff fees and personal expenses incurred during my involvement with Tribal Waves- Flathead Reservation Montana. If I am accepted by Tribal Waves, I will abide by the spirit, rules, and schedule of the ministry.

Print Name:_____ Signature:_____ Date:_____

CONSENT FOR TREATMENT:

I hereby agree to the performance of such treatment, anesthetics and procedures as deemed necessary in the opinion of attending physicians.

Printed Name:_____ Applicant's Signature:_____

Date:_____

RELEASE OF LIABILITY:

I do hereby release University of the Nations and Tribal Waves, it's staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with University of the Nations/ Tribal Waves.

Printed Name:_____ Applicant's Signature:_____ Date:_____

STATEMENT OF BURIAL AND MEDIATION:

We, at Tribal Waves, encourage each Tribal Waves staff and volunteer to seriously consider some possible consequences of mission's work. Death is extremely rare in service with Tribal Waves, nevertheless it is an experience that awaits each one of us eventually. It is important that we all prepare for such possibilities and have a clear plan of action if such instances arise during our time of study or service within Tribal Waves. We, also, strongly advise that you make out a will and file a copy with your family and Tribal Waves – Flathead Reservation Montana.

In extensive travel in less developed countries, diseases are more prevalent. Fatal accidents, sickness and mishaps can occur. Tribal Waves does everything possible to protect staff and volunteers while on the field, but death is something that can occur. In these countries, burial is a real problem. We endeavor to maintain a Christian view of death, in that we believe it is not the final step, but just a passage. The person is not in the coffin, but only in his/ her earthly shell. Therefore, the priority for limited resources on outreach must be for living.

In the case of death, Tribal Waves cannot commit to covering the expenses of burial or transport home from the country of death (developed or non-developed countries alike.) We would strongly encourage burial on the field, as decay can start very quickly. Shipping a body home could cost several thousand dollars and often a special expensive coffin is required by law in some countries, as well as having someone accompany the coffin on the return journey. If the family desires to see a body transported back home, the family must incur the entire cost. Any burial costs incurred while on outreach (in the country that the death and burial occur) are the responsibility of the deceased's family as well.

NOTE: It is the responsibility of every individual or family (staff or volunteer) to have the Field Burial or Death Related Remains Transport Insurance, not Tribal Waves.

I agree that in the case of my death while serving with Tribal Waves on outreach or extended service in a foreign field, that they may carry out the burial in the location of my death. If my family desires to see my body shipped home, they agree to cover all expenses incurred. I hereby absolve Tribal Waves – Flathead Reservation Montana, its staff, and associates from any responsibility for burial costs.

Printed Name:_____ Applicant's Signature:_____ Date:_____

STATEMENT OF COMMITMENT:

We ask that you prayerfully consider the commitment that you are making. We are asking that you make a two-year commitment and that you will fulfill your commitment (6-months for staff on a B-1/B-2 visa). If unexpected changes or challenges require you to be released from your commitment, we ask that this be discussed with your leader as early as possible.

In signing this document, you declare that all of the information you have provided in the Application and these other several documents is true and accurate to the best of your knowledge.

James 5:12 'Above all, my brothers, do not swear-not by heaven or by earth or by anything else. Let your "Yes" be yes, and your "No" be no.'

I, _____, commit to

_____ at least 2 years as staff of Tribal Waves

_____ at least 6 months as staff of Tribal Waves (B1,B2 visas ONLY)

Signature: _____ Date:_____

LEGAL CONSENT FOR MINORS (If under 18, have a parent/guardian sign):

I hereby give my consent for (full name of minor)_____ to travel outside of the United States with Tribal Waves.

_____ _____ _____

Parent/Guardian Signature Date(mm/dd/yr.) Relation to Applicant

MEMORANDUM OF AGREEMENT:

Tribal Waves speaks of waves of people of all ages- tribal peoples and people with a heart for tribal people – wave upon wave coming with fresh vision, purpose, and energy, led of the Holy Spirit, with creativity, new ways and means, new giftings, abilities, talents, and technology; and reaching out into unreached areas and people groups of the world with the Good News of life in Christ. Multiple waves for multiplication! It is time for some to begin, for others to begin again. God is calling the young at heart, with ears to hear what the Holy Spirit is saying for our day, for such a time as this. A multi-cultural, multi-generational ministry of Youth with A Mission(YWAM), Tribal Waves is made up of pioneering Pacific Islanders and Americans and whoever else God brings with a heart for His Indigenous sons & daughters to be healed and restored as individuals and as a people.

The purpose of the missions training, outreach and culture center is to represent, reach, raise up and release indigenous and non-indigenous peoples of the land as they move to fulfill God's call in their lives. To know God (Father, Son and Holy Spirit) and to make Him known.

- To create a culturally relevant environment for indigenous seekers to discover God, His love, nature, character, and ways, and who He created them to be.
- To see the healing and restoration of God's creation, man, to his Creator.
- To hear Creator God, heed His word and accurately handle Scripture – the Word of Truth.
- To worship Creator God with the sounds of the people and the lands of every nation, tribe, and language.
- To raise up Holy Spirit led and empowered believers of godly character and compassion.
- To respond to the Great Commission, to go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit.
- MT 28:19

Vision: To engage with all people of all tribes, lands, and nations to share the love that we receive from our Creator.

It is understood that the staff/volunteer member must secure contributions sufficient to cover his/her own ministry expenses and personal support from churches, associations of churches, other organizations, or persons, or provide support from his/her own resources. The staff/volunteer member is entitled to use whatever facilities of Tribal Waves may be available at the location of member's particular place of work, but Tribal Waves does not undertake to provide any special facilities.

The staff/volunteer member shall have no authority to enter into any contract or obligation on behalf of Tribal Waves. This agreement between Tribal Waves and the applicant has been entered into after prayerful consideration on the part of both parties. There are no promises made by either party to the other regarding anything not mentioned in this Memorandum of Agreement.

I have read this Memorandum and agree with its terms.

Please Print Full Name:_____

I first entered into this Memorandum of Agreement when I joined YWAM international on or about _____ at the YWAM center (base) located in _____ (city/state/country). I am applying to become a staff/volunteer member of Tribal Waves

_____ _____

(Date) (Signature)

PERMISSION TO OBTAIN A BACKGROUND CHECK:

In the interest of safety and security, I, the undersigned applicant (also known as “consumer”), I authorize Tribal Waves to procure background information (also known as a “consumer report and/or investigative consumer report”) about me, prior to, and at any time during service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Tribal Waves, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Report Act.

Signature:_____ Date:_____

Print Name (First, Middle, Last):_____

Other Names used (alias, maiden, nickname):_____

Current Address:_____

_____

Dates at current address:_____

Former Address:_____

_____

Dates at former address:_____

Social Security Number:_____ Date of birth:_____

Driver’s License Number:_____ Date Issued:_____

Gender:_____ Daytime Phone Number:_____

TRIBAL WAVES

CONFIDENTIAL REFERENCE FORM: PASTOR/MINISTRY LEADER

TO THE APPLICANT: Please complete the information and provide a stamped envelope addressed to the below address for the person filling out this form.

Full Name: (First)_____ (Middle)_____ (Last)_____

Current
Address:_____

City:_____ State/Province:_____

Zip Code:_____ Country:_____ Phone Number:_____

Email:_____

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation.

Applicant's Signature:_____ Date:_____

The above applicant has applied to join the staff of Tribal Waves. Serious consideration will be given to your comments, therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

Please check the following and comment where necessary:

How long have you known the applicant?_____

How well do you know the applicant?_____ Very Well_____ Well,_____ Casually

Please rate, according to what you have observed, the applicant's effectiveness in the following areas:

	Superior	Above Average	Average	Below Average	Inferior
Initiative	☐	☐	☐	☐	☐
Social Adaptability	☐	☐	☐	☐	☐
Concern for Others	☐	☐	☐	☐	☐
Ability to Follow	☐	☐	☐	☐	☐
Leadership	☐	☐	☐	☐	☐
Judgment/Decision-making	☐	☐	☐	☐	☐
Emotional Stability	☐	☐	☐	☐	☐
Health	☐	☐	☐	☐	☐
Personal Appearance	☐	☐	☐	☐	☐

COMMENTS

_____

Mental Ability	☐ Quick to comprehend	☐ Average	☐ Slow
Industry	☐ Hard worker	☐ Average	☐ Lack's persistence
Reliability	☐ Meets obligation	☐ Average	☐ Neglect's obligation
Cooperativeness	☐ Works well with others	☐ Average	☐ Avoids group activity
Flexibility	☐ Open to change	☐ Average	☐ Unyielding
Christian Character	☐ Well balanced	☐ Average	☐ Unstable
Disposition	☐ Cheerful	☐ Average	☐ Passive
Punctuality	☐ Punctual	☐ Average	☐ Often late
Financial Responsibility	☐ Honors obligations	☐ Average	☐ Neglectful

COMMENTS_____
_____
_____

To what extent is the applicant active in church work?

_____

Does he/she display high moral standards?_____ Yes_____ No
Comment:_____

Is he/she prejudiced against groups, races, or nationalities?_____ Yes_____ No Please explain:_____
_____

With reference to his/her Christian service, do you consider the applicant to be:_____ Dedicated_____ Average_____ Casual

Please explain:_____

In your consideration, which of the following best describes the applicant's Christian experience?_____ Mature_____ Contagious _____ Genuine and Growing_____ Over- emotional_____ Superficial

Comments:_____
_____

Overall, what do you consider to be the applicant's strong points, including special abilities:

_____
_____

Please comment on the applicant's family background (if known):_____
_____

Please add any other relevant remarks (i.e., medical, psychological, drugs, alcohol, sexual issues, or other areas of their life we should know more about, to be of service to them):

_____

_____

Would you recommend this person for acceptance as staff at Tribal Waves (minimum 2 year commitment)?

_____ Yes _____ With Some Reservation (please explain) _____ No (please explain)

_____

_____

I have known_____ for_____ years, I believe that he/she possesses the qualities indicated above,

Name (please print):_____ Position:_____

Address:_____ City:_____
State_____Zip Code:_____ Country:_____

Phone:_____ Email:_____

Signature:_____ Date:_____

Please send me more information about Tribal Waves – Flathead Reservation Montana:_____ Yes_____ No

Please return to: Tribal Waves ● PO BOX 784 ● Ronan, MT ● 59864

Or email to YWAMTribalWaves.MT@gmail.com * 406 – 675 - 0642*

TRIBAL WAVES

CONFIDENTIAL HEALTH FORM A: PERSONAL HISTORY:

TO THE APPLICANT: This information is treated as confidential. Please print or type answers to ALL questions in English. Although your responses to these questions will not necessarily affect acceptance considerations, certain medical conditions may preclude acceptance. Form B must be completed by your physician or physician's assistant. (Other health forms done for other YWAM bases are not acceptable.)

First Name:_____ DOB:_____

Middle Name:_____ Birthplace:_____

Last/Family Name:_____ Please rate your health:____ Excellent ____ Good____ Fair ____ Poor.

Do you have medical Insurance? ____ Yes ____ No If Yes, Name of Insurer:_____

Insurance #:_____ Insurer Phone:_____

Type of coverage (briefly):_____

Please answer all questions. Take both Form A and Form B to your physician, Comment on all "yes" answers on a separate sheet of paper. The omission of health history problems or incomplete explanation of the same can lead to removal of acceptance status. Have you ever had any of the following?

Please explain any other illnesses, conditions, or surgeries you have had or are going through currently:_____

_____

_____

_____

_____

Are you presently under a doctor's care for any condition? ____ Yes ____ No, Specify:_____

Are you presently taking any medication? ____ Yes ____ No, Specify:_____

Are you allergic to any medication/drugs? ____ Yes ____ No, Specify:_____

Do you have a history of emotional instability or psychiatric treatment? _____ Yes _____ No, If "Yes" when:_____

For how long:_____ Still in treatment? _____ Yes _____ No

Please explain:_____

Do you have any history with: Eating disorders: _____ Yes _____ No; Drug or alcohol abuse: _____ Yes _____ No; Sexual issues: _____ Yes _____ No

If "yes" to any above, when:_____ For how long:_____ Currently? _____ Yes _____ No

Please explain:_____

Do you have any physical impairments, handicaps, or health conditions which require special attention? _____ Yes _____ No

Specify:_____

Have you been tested for HIV/AIDS? _____ Yes _____ No Have you been diagnosed as having HIV/AIDS? _____ Yes _____ No

TRIBAL WAVES

CONFIDENTIAL HEALTH FORM B: PHYSICIANS EVALUATION:

Applicant's Name:_____ Date of Application:_____

TO THE PHYSICIAN: Please review the information in Form A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by the health service. Some conditions such as diabetes, epilepsy and heart disease may have an effect on the location of the applicant's outreach. Please ensure that any pertinent information in these areas has been included.

TO THE APPLICANT: All the following immunizations MUST BE COMPLETED BEFORE YOU WILL BE ACCEPTED AT TRIBAL WAVES – Flathead Reservation Montana: Diphtheria, Tetanus, Typhoid, Measles, Mumps, Rubella, Hepatitis A, Hepatitis B. (Due to the varied outreach locations, other immunizations, injections, and malaria medication may be required and can be obtained before outreach.) Please be prepared financially to cover the cost of additional injections. You need to have Diphtheria- Tetanus booster within the last 5 years, if you were born after 1957, you will need a measles booster (total of 2 measles immunization.) Those born before 1957 are considered immune from measles.

Diphtheria: (day)_____(month)_____ (year)_____ (day)_____ (month)_____ (year)_____

Hepatitis A: (day)_____(month)_____ (year)_____ (day)_____ (month)_____ (year)_____

Hepatitis B: (day)_____(month)_____ (year)_____ (day)_____ (month)_____ (year)_____

Measles: (day)_____(month)_____ (year)_____(day)_____(month)_____ (year)_____

Mumps: (day)_____ (month)_____ (year)_____ (day)_____ (month)_____ (year)_____

Polio: (day)_____ (month)_____ (year)_____ (day)_____ (month)_____ (year)_____

Rubella: (day)_____ (month)_____ (year)_____ (day)_____ (month)_____ (year)_____

Tetanus: (day)_____ (month)_____ (year)_____ (day)_____ (month)_____ (year)_____

Typhoid: (day)_____ (month)_____ (year)_____ (day)_____ (month)_____ (year)_____

_____ Chest X-ray Date:_____ Result:_____ Examination Facility:_____

_____ TB Skin Test Date:_____ Result:_____ Examination Facility:_____

Height:_____/_____ Weight:_____ Overweight:_____

Blood Pressure:_____ Pulse:_____ Blood Type:_____

Urinalysis:_____ A1C_____

Last Mammogram:_____ Last Pap smear (not compulsory):_____

Visual Acuity: (without glasses) R_____ L_____ (with corrective lenses) R_____ L_____

Auditory Acuity: R_____ L_____ Other_____

	NO	YES		NO	YES
Recurrent Headaches	☐	☐	Insomnia	☐	☐
Fainting Spells	☐	☐	Tumor/Cancer	☐	☐
Shortness of Breath	☐	☐	Skin Condition	☐	☐
Weakness	☐	☐	Eye Trouble	☐	☐
Heart Trouble	☐	☐	Ear Trouble	☐	☐
Hepatitis	☐	☐	Allergy: Food (specify)	☐	☐
Jaundice	☐	☐	Allergy: Bee Stings	☐	☐
Recurrent Diarrhea	☐	☐	Allergy: Penicillin	☐	☐
Intestinal Troubles	☐	☐	Allergy: Serum	☐	☐
Kidney Disease	☐	☐	Allergy: Sulfonamides	☐	☐
Diabetes	☐	☐	Asthma	☐	☐
Venereal Disease	☐	☐	Hay Fever	☐	☐
Anemia	☐	☐	Head Injury	☐	☐
High Blood Pressure	☐	☐	Mental/Nervous Disorders	☐	☐
Low Blood Pressure	☐	☐	Gall Bladder Problems	☐	☐
Rheumatism/Arthritis	☐	☐	Stomach/Duodenal Ulcer	☐	☐
Paralysis	☐	☐	Epilepsy	☐	☐
Back Problems	☐	☐	Broken Bones	☐	☐
Dislocation of Joints	☐	☐	Surgeries	☐	☐

COMMUNICABLE DISEASES:

Have you ever had any of the following?

	NO	YES
Chicken Pox	☐	☐
Measles (Rubella)	☐	☐
Measles (Rubeola)	☐	☐
Mumps	☐	☐
Pertussis	☐	☐
Scarlet Fever	☐	☐
Tuberculosis	☐	☐

Other (specify)_____

FEMALES ONLY:

Do you currently have any of the following?

	NO	YES
Irregular Periods	☐	☐
Severe Cramps	☐	☐
Excessive Flow	☐	☐

Pregnant? Due Date_____

Are there any abnormalities of the following systems? Please describe fully.

E.N.T_____

Ophthalmological_____

Teeth_____

Neurological_____

Cardiovascular_____

Respiratory_____

Musculoskeletal_____

Endocrine_____

Lymphatic_____

Dermatological_____

Hernial Orifices_____

Urological_____

Psychiatric_____

Other:_____

Recommendations for Follow-up Tests/Treatment:_____

Would he/she be able to walk 3 – 4 miles per day?_____ Yes _____ No, Comment:_____

_____

PHYSICIAN'S RECOMMENDATION: ____ Acceptable w/o Limitations____ Not Acceptable____ Should Be where Adequate Medical Care Is Provided_____ Acceptable with Limitations
(Specify)_____

Additional Comments:_____

_____

_____

How long has this patient attended your office? Years_____ Months_____
Weeks_____

PHYSICIAN'S NAME: (Print)_____ Date:_____

ADDRESS:_____

CITY, STATE, ZIP:_____

PHONE:_____

PHYSICIAN'S SIGNATURE:_____ DATE:_____

TRIBAL WAVES

CONFIDENTIAL HEALTH FORM C: CHILD'S HEALTH

Please only fill this form out if you have children coming with you. PARENT INFORMATION: Please print or type answers to ALL questions in English.

Parent's Name: (First)!_____(Middle)_____(Last/Family)_____

Child's Name: (First)!_____(Middle)_____ (Last/Family)_____

DOB:_____ Birthplace:_____ Child's Health:

____ Excellent____ Good____ Fair____ Poor

Do you have medical insurance?____ Yes____ No If Yes, Name of Insurer:_____

Insurance NO._____ Insurer's Phone No._____

Type of coverage for child (briefly):_____

CHILD'S PERSONAL HISTORY: Comment on all "yes" answers on a separate sheet of paper. Has your child ever had, or now have, any of the following:

	NO	YES		NO	YES		NO	YES
Recurrent Headaches	☐	☐	Insomnia	☐	☐	Back problems	☐	☐
Fainting Spells	☐	☐	Tumor/Cancer	☐	☐	Dislocation of Joints	☐	☐
Shortness of Breath	☐	☐	Skin Condition	☐	☐	Broken Bones	☐	☐
Weakness	☐	☐	Eye Trouble	☐	☐	Surgeries	☐	☐
Heart Trouble	☐	☐	Ear Trouble	☐	☐			
Hepatitis	☐	☐	Allergy: Food(specify)	☐	☐	**COMMUNICABLE DISEASES:**		
Jaundice	☐	☐	Allergy: Bee Stings	☐	☐	Have you ever had any of the following?		
Recurrent Diarrhea	☐	☐	Allergy: Penicillin	☐	☐		**NO**	**YES**
Intestinal Troubles	☐	☐	Allergy: Serum	☐	☐	Chicken Pox	☐	☐
Kidney Disease	☐	☐	Allergy: Sulfonamides	☐	☐	Measles (Rubella)	☐	☐
Diabetes	☐	☐	Asthma	☐	☐	Measles (Rubeola)	☐	☐
Venereal Disease	☐	☐	Hay Fever	☐	☐	Mumps	☐	☐
Anemia	☐	☐	Head Injury	☐	☐	Pertussis	☐	☐
High Blood Pressure	☐	☐	Mental/Nervous Disorders	☐	☐	Scarlet Fever	☐	☐

	NO	YES		NO	YES			
Low Blood Pressure	☐	☐	Gall Bladder Problems	☐	☐	Tuberculosis	☐	☐
Rheumatism/Arthritis	☐	☐	Stomach/Duodenal Ulcer	☐	☐			
Epilepsy	☐	☐	Paralysis	☐	☐			

Other(specify)_____

Please explain any other illness, conditions, or surgeries your child has had or is going through currently:_____
_____

Is your child presently under a doctor's care for any condition?_____ Yes_____ No
Specify:_____
_____

Is he/she presently on any medication?_____ Yes_____ No
Specify:_____
_____

Is he/she allergic to any drugs not listed above?_____ Yes_____ No
Specify:_____
_____

Does he/she have any physical impairments, handicaps, or health conditions which require special attention?____ Yes____ No

Specify:_____
_____

Is he/she underweight?_____ Yes_____ No Overweight?_____ Yes_____ No If so, how much?
_____

Child's Blood Type:_____ O,A,B,AB(+ or -)
Comment:_____

PHYSICIAN'S SIGNATURE:_____ DATE:_____