

# *Friend Ships Unlimited*

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

Dear R.A.M.P. Applicant,

Thank you for your interest in the Friend Ships' "Relief Apprenticeship Missions Program" known as R.A.M.P. We would like to take this time to introduce you to this new program.

R.A.M.P. is an 11 month program designed for young people in the transition time between school and entering the work force. It is designed with you in mind and the goal is to R.A.M.P. you up, that is bolster and strengthen you in many areas of your life. R.A.M.P. will add to your life in strategic ways and you will learn more in a year than you would in many other settings. It will help you to develop work skills and ethics. We hope that it will also cause a hunger in you to help the less fortunate of the world; that you will develop an excitement about how you as an individual can make a difference; and most importantly that you experience a growth in your personal relationship with Jesus Christ.

There is no charge for the program; therefore anyone who applies and is accepted to join us will be able to come irrespective of funds. With the exception of buying books, which should be less than \$100.00, there are no other expenses. A comfortable room to sleep in and all the food you can possibly eat are provided!

R.A.M.P. will introduce you to the four aspects of relief missions that Friend Ships carries out - international humanitarian aid, disaster relief, medical missions and domestic food distribution. The program also serves as training for entering relief missions with Friend Ships full-time at the end of the program, if you so desire. Cadets will generally work an 8 hour day, 6 days a week, in some capacity at Port Mercy, as a support to the ongoing operations. This will primarily be in ship maintenance, food service, domestic services, warehousing, grounds keeping or engineering. Another aspect that you will be involved in is a daily fitness program. Early, on week day mornings, you will participate with the regular staff in a devotional time, and on Tuesday nights in a prayer meeting. Sundays are free to attend the local church of your choice. Throughout the week, you will have regular devotional studies geared towards maturing as a Christian and seeking out God's will for your life. There will be regular evaluations of your conduct and work ethics, to help and encourage you towards improvement and excellence. These honest evaluations will help you to R.A.M.P. up quickly! You will be tested in the skills you learn and develop, in order to receive qualification in that area of Friend Ships.

It is expected that you are seriously pursuing the will of God in your life. To help you with this, we have instituted certain rules to help you avoid distractions. For example, there are to be no personal romantic relationships for the entire length of the 11 month program. There will not be any vacation time during the program, however, there will be a few days break at Thanksgivings and Christmas.

The program will commence August 13, 2007. The initial 6 weeks will be an introductory session after which you and the R.A.M.P. Leader will decide if you should continue for the remainder of the program. Upon successful completion of the course, you will receive a certificate of graduation and will be considered for placement as Friend Ships Crew or overseas placement, if you so desire.

If you are accepted, this will be a challenging year for you! It will be difficult at times, but you will learn much. You will work side by side with people that have dedicated large periods of their lives to serving God full-time. You will never be the same. May the Lord lead and guide you as to whether you should apply to R.A.M.P.

In Christ,  
Personnel Department



(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 the Pastor or Church Leader you have submitted a reference form to:**

Name: \_\_\_\_\_  
Position: \_\_\_\_\_

Church: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Position: \_\_\_\_\_

Company: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_

**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: \_\_\_\_\_

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## 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.

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

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.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## 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: \_\_\_\_\_

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## PASTOR'S REFERENCE EVALUATION FOR R.A.M.P.

### Friend Ships Relief Apprenticeship Missions Program

This applicant has applied to attend the Friend Ships Relief Apprenticeship Missions Program (R.A.M.P.). Friend Ships is a nonprofit charity corporation that works to assist all of the Body of Christ on a worldwide basis through the provision of food, clothing, medical supplies, and other relief items. We believe an important aspect in obtaining a winning team is to receive honest evaluations on potential candidates for service. Therefore, we kindly ask that you be as candid as possible with us in order to protect both the applicant and Friend Ships. We consider all of your comments strictly confidential. For more information on Friend Ships R.A.M.P. program please visit our website at [www.friendships.org/RAMP.html](http://www.friendships.org/RAMP.html). If you would prefer to provide a verbal reference, please contact personnel at (337) 433-5022.

Pastor's Name: _____ Church Name: _____ Church Address: _____ City: _____ State: _____ Zip: _____ Country: _____ Country Code: _____	Applicant's Full Name: _____ <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                     Please fill out your telephone numbers and <input checked="" type="checkbox"/> check your preferred contact number.                      " Church: _____ Ext.: _____                      " Cell: _____                 </div> E-mail: _____
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### Reference Questions

1. How long and how well have you known the applicant? \_\_\_\_\_

2. Please describe how you would rate the applicant in the following areas by checking  the column for each characteristic that most accurately describes the applicant from your point of view:

Characteristic	Excellent	Above Average	Average	Questionable	Unknown
a. Christian Character					
b. Temperament					
c. Flexibility					
d. Works well under stress					
e. Respectful of other cultures					
f. Ability to follow instructions					
g. Respect for Authority					
h. Concern for others					
i. Energy ( <i>stamina</i> )					
j. Health					
k. Leadership Qualities					
l. Team Player					
m. Emotional Stability					

3. Have you noticed any of the following behaviors: argumentative, domineering, impatient, angry, critical of others, easily depressed, worried, showing signs of compulsive or addictive behavior that might affect the team they are going to work with. Please elaborate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Is the applicant active in church activities/programs/groups? If so, please elaborate. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please make any comments regarding the applicant's skill which you feel could be helpful. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please check the word or words which would best describe this person's attitude and outlook on life.  
 Enthusiastic  Moderate  Negative  Outgoing  Solitary  Angry  Resists change or differing views

7. What is your overall assessment of this applicant serving as a Friend Ships volunteer?

<input type="checkbox"/> Definitely unsuited	<input type="checkbox"/> Good prospect, but I have some reservations	<input type="checkbox"/> Above average prospect
<input type="checkbox"/> At this time unsuited	<input type="checkbox"/> Average prospect	<input type="checkbox"/> Exceptional prospect

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I declare that the contents of this confidential reference form are correct to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to fill out this reference. Your input is very important to us and greatly appreciated.  
**Please mail completed form back to:**

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

# R.A.M.P. 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 the "Cover Letter"

## I have completed and I am submitting the following:

- I have completed the "R.A.M.P. Application form"
- I have completed the "Physical Wellness form"
- If relevant, I have completed the "Medical Information and Agreement form"
- I have included a recent photo with my application.

## I have requested a reference evaluation from the following:

- "Pastor's Reference Evaluation form" I have given him/her the Pastor's letter of explanation to read and the Pastor's form to complete. They will return under separate cover.

## 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