

# Missionary Application

## Optimum Health Institute

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OHI is a drug-free and smoke-free workplace. OHI may use the information given in the application to investigate the applicant's background. PLEASE NOTE: WE NO LONGER HAVE THE COMMUTER MISSIONARY PROGRAM.

**Directions:** Please fully and accurately complete this form and do not submit it until all parts are complete, i.e. application form, two letters of reference, preferably from an associate(s) or employer (s), a current picture (within the last 6 months), spiritual biography, signed applicant certification & authorization form and good faith/deposit for \$208.00. Unfortunately, we cannot consider incomplete applications. **PLEASE PRINT CLEARLY**.

**Today's Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

When are your dates of availability to enter the missionary program? \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **How long:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Number** \_\_\_\_\_

**If renting, please supply landlord's name and phone number.**

\_\_\_\_\_  
\_\_\_\_\_

**Please include addresses for the past 7 years (attach separate sheet if needed):**

1) **Address:** \_\_\_\_\_ **How long:** \_\_\_\_\_  
**City, State, Zip Code:** \_\_\_\_\_

2) **Address:** \_\_\_\_\_ **How long:** \_\_\_\_\_  
**City, State, Zip Code:** \_\_\_\_\_

3) **Address:** \_\_\_\_\_ **How long:** \_\_\_\_\_  
**City, State, Zip Code:** \_\_\_\_\_

The missionary program is a volunteer extension program open to those who wish to continue the cleansing program. To apply, you must have completed three weeks as a regular guest. These weeks need not have been contiguous.

The program is a three-month commitment, during which time you must commit your full time and energy. You will be expected to stay on the diet, be present each day, and attend classes, and to perform your work as assigned since the smooth running of the institute depends to a considerable extent on the contribution of each of our missionaries.

There is a required good faith commitment deposit of \$208 (good faith plus badge – collected when you apply for the program), as well as a \$35 fee for a background check and drug test. When a missionary fulfills the three-month commitment, the deposit will be returned. If the missionary leaves for ANY reason before the three months are up, good faith deposit monies are forfeited. There are no exceptions. Missionaries donate 18 hours of service per week to the Institute. Duties may include such day-to-day chores as working in the kitchen, food prep for classes, leading exercise, working in the garden, etc.

If from the time of your entering the program you have not been a guest for 6 months or more, you are required to take a week as a guest before beginning work.

Dates of attendance:

Week One \_\_\_\_\_ Week Two \_\_\_\_\_ Week Three \_\_\_\_\_

Previous visits to OHI? Dates \_\_\_\_\_

Have you taken all of the classes in our current curricula: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, which do you need to complete:

\_\_\_\_\_

On campus housing -- 2 bedroom, 1 ½ bathroom shared townhouse units (with another missionary) – each has her/his own bedroom. It would either be two females or two males sharing the unit. They are furnished with phones and utilities included (up to \$40 a month). Each volunteer pays \$775.00 per month with a \$200.00 security deposit of which \$175 is refunded if there are no damages. Mid-month entries charged at \$20.00 per night.

Can you afford the housing cost and deposits? Yes \_\_\_\_\_ No \_\_\_\_\_

Why do you want to enter the missionary program?

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Please list your health opportunities, explaining how your energy level is impacted?

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Bearing in mind that all missionary assignments are 'labor intensive' do you have any physical limitations? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what are they? Describe in detail including anything that would limit your ability to serve at the Institute...i.e. working in the garden (sun exposure), etc.

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Please list any medications you are taking and what they are for:

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Do you have any past or current issues with tobacco, alcohol or drugs? If you have been a smoker, you must be completely smoke free for at least six months in order to make this application.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please elaborate

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Do you have any metal parts in your body? Where? \_\_\_\_\_

Are you working at a job – business of your own right now? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please elaborate

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If yes, are you able to take three months off from work? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not now working, what type of work have you done in the past?

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Do you have any responsibilities such as family? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please elaborate

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1. If accepted into the missionary program, what do you wish to accomplish during your three month commitment?

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2. What does 'being in service' mean to you?

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3. Why do you think you are a good candidate for this program?

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4. Please, in a few words, give us some idea of what you think, believe, and know to be your life's purpose.

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5. Exclusive of your roommate here at OHI, how long has it been since you 'lived' with a roommate, and how was it for you? Pros &/or cons –

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6. How much of your past work experience has been involved with 'team playing'? And does it suit you or do you prefer a leadership/managerial/facilitator role?

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Do you have any activities, which would take you away from the program during the three months?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please be specific.

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Education:

Graduated from which High School \_\_\_\_\_ Year \_\_\_\_\_

List Partial or completed trade/college/university work including name of the institution, when you graduated and your degree(s) if applicable:

Educational Institution \_\_\_\_\_ Dates \_\_\_\_\_ Certificates/Degree(s) \_\_\_\_\_

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List Specialized Skills, Training, Apprenticeships and extra-curricular activities not listed above:

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Name/Relationship/Add/Phone of 1 or 2 emergency contacts:

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**PLEASE ATTACH A 1 PAGE TYPED SPIRITUAL BIOGRAPHY**

The 1 page spiritual biography should include the tradition you were raised, how your spiritual journey proceeded into adulthood and what your current belief system is now.

**PLEASE ATTACH A RECENT PHOTO OF YOURSELF**

It is important that this be a recent photograph-otherwise it may compromise your application. Also include your letters of reference. If you are accepted into the program, we require a background check and drug screening (at our cost).

Thank you for applying for the Optimum Health Institute Missionary Program.

I will be calling you soon to discuss your application.

Sincerely,

Missionary Program Staff

**This page has been intentionally left blank and is for Instruction Purposes**

**Only after you have been conditionally accepted into the Missionary Program**

PLEASE Fill OUT THE ATTACHED Applicant Notification, Certification and Authorization

**Only after you have been conditionally accepted into the Missionary program**

Forward to the OHI H/R department by fax at 858-634-5029

## **Applicant Notification: OHI Missionary**

In conjunction with your application for a Missionary position, OPTIMUM HEALTH INSTITUTE utilizes the services of EMPLOYEE RELATIONS, INC., to conduct a background investigation regarding your character, general reputation, personal characteristics, and mode of living. The investigative report may be comprehensive and include inquiry into past education, and activities, including, but not limited to, public records, drug screening (urine and hair\*), and criminal background information. EMPLOYEE RELATIONS, INC. will to the extent permitted by law, upon request reasonable notice, and proper identification, provide you with information that was used in generating the report. EMPLOYEE RELATIONS, INC. can be contacted at the following address: 20720 Ventura Blvd., Ste. #200, Woodland Hills, CA 91364, (818) 887-9129 or email: [complianceofficer@relations.com](mailto:complianceofficer@relations.com) \* this requires a cut from the slope of the crown/120hairs – about 1/2”.

### **Applicant Certification and Authorization**

I hereby give OPTIMUM HEALTH INSTITUTE and EMPLOYEE RELATIONS INC., the right to conduct an investigation of my background. I understand that the investigation may include inquiry into my past education, and activities, including, but not limited to, drug screening, criminal background information, and I release from all liability of all persons, companies, schools, and corporations supplying such information. I indemnify OPTIMUM HEALTH INSTITUTE and EMPLOYEE RELATIONS, INC. against any liability that might result from making such investigation. Additionally, I agree that OPTIMUM HELATH INSTITUTE and EMPLOYEE RELATIONS, INC. may obtain information regarding me and may consult certain files that are available. I understand that EMPLOYEE RELATIONS, INC. will retain the results of this investigation and a copy of my Missionary Application and this information may, with appropriate authorization, be disclosed in subsequent investigations to other members of the EMPLOYEE RELATIONS NETWORK. I understand that any false answers, statements, implications or derogatory information made by me or which is revealed as a result of this background investigation based on information supplied in any application or other required documents may be considered sufficient cause for denial of placement or discharge as a Missionary. I have read and understand the Applicant Notification, copies of which I acknowledge receiving, advising me that a comprehensive background investigation will be conducted, which may include inquiry into past education, and activities, including but not limited to, criminal background information and drug screening. I also understand that I will receive a free copy of the report generated, whether or not I request it, in compliance with California State Law. (Applicable to California Residents only).

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Applicant Name (Print) \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Phone Number \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Date of Exp \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr.  
Signature \_\_\_\_\_  
Applicant's Signature