

Short-Term Mission Outreach Application

Thank you for your interest in participating in a short-term outreach. Please answer the following questions and forms in its entirety. Please return this to the OUTREACH DEPT at Water of Life Community Church. After we have received your completed application, along with the required references, we will review it with your team leader.

Please type:

PART ONE

Date: _____

Outreach Applying For: _____

Legal Name: _____

Preferred Name: _____

Physical Address: _____

Mailing Address: _____

(Home) _____

(Cell) _____

Contact Info. Day: (Work) _____

Email: (Home) _____

(Work) _____

Date of Birth: _____ Age: _____

Sex: Male/ Female

Do You Have A Passport: Y/N If no, has it been ordered? Y/N

When? _____ Order # _____

If Yes, Passport #: _____ Exp. Date: _____

Issuing Country: _____

Present Occupation: _____

Since: ____/____/____

Marital Status: Single/ Married/ Separated/ Divorced

Spouse's Name: _____

Spouse's Signature: _____

Do You Have Spouse's Support and/or Consent? Y/N

PART TWO

Tell Us Why You Want To Be Part Of This Outreach: _____

Have You Ever Been On Any Outreach Trips? Y/N

If Yes, Where and With What Organization: _____

Do You Speak Any Languages Other Than English? _____

Can You Lead Worship? _____

Do You Have Any Talents, Skills, or Abilities We Should Know About (construction, medical, preaching, teaching, etc.)? _____

PART THREE

Is WOL Your "Home Church"? Yes/No Are You In A Small Group? _____ (Who Is Your Small Group Leader)? _____ Where Do You Call Home?

_____ How Long Have You Been There?

What is Your Pastor's Name (If Not WOL): _____ Ph: _____

What Ministries Or Church Activities Are You Involved In? _____

How Long Have You Been A Christian? _____

Tell Us About How You Became A Christian: _____

Have You Been Baptized? Y/N When? _____

Have You Been Baptized In The Spirit? _____

What Gifting(s) Do You Think/Know You Have?

Have You Attended DWOL? Y/N

Have You Attended Gifts and Ministry of The Holy Spirit? Y/N

PART FOUR

(This section will viewed only by your team leader and outreach pastor)

How Would You Rate Your Present State of Health (10=good; 1=poor)?

Physical: _____ Emotional: _____

Explain: _____

Have You Ever Been Hospitalized For Any Physical or Emotional Condition? Y/N If Yes, When? _____
Why? _____

Are You Receiving Counseling At The Moment? Y/N
If Yes, Please Describe: _____

Do You Have Any Allergies, Illnesses, or Chronic Conditions (Please List All)?

Do You Have Any Physical Limitations? _____

Are You Presently Taking Any Kind Of Medication? Y/N
If Yes, Please List Name of Medication, Include the Condition Being Treated:

Do You Have Any Special Dietary Needs? (Please know we will do our best to accommodate you; however, some things may be unavoidable)?

PART FIVE
CONFIDENTIAL

Financial Information

How Do You Plan To Finance This Outreach? _____

Do You Have Any Financial Obligations That May Hinder You From Going On This Trip? (Including Credit Cards Debt Or Outstanding Bills)

Do You Plan To Participate In Team Fundraising? Y/N

Applicants,

Please have the attached forms completed and returned at your first team meeting. Note: Application must be submitted 16 weeks prior to departure to hold your position. Applications received without completed references will not be accepted. Thank you for helping us to know you better.

Covenant

Team Members are required:

A. Not to consume tobacco products or alcoholic beverages (even on the plane) throughout the duration of the outreach.

B. Not to enter into a romantic relationship throughout the duration of the outreach.

C. Yield authority of the Global Outreach Dept and the appointed leader of the outreach. Complete a binding release of liability (to be done with your team).

D. All funds collected for applicant will be held in the applicant's account for one-year, from the date of the outreach. If the applicant does not go on a Global sponsored outreach within that year, the funds will be transferred to a scholarship fund, to be disbursed at the discretion of the Global Outreach Leadership Team. Any overage of funds may be applied to other mission expenses.

E. The Global Outreach Leadership Team, your team leader, and/or the WOL Elder Board will notify you of any concerns regarding your application.

I have carefully read the above Covenant. I agree to the above Covenant and I choose, voluntarily, to accept any risks involved and hereby release WATER OF LIFE COMMUNITY CHURCH from any and all claims, which I or anyone of my family or friends may make against WATER OF LIFE COMMUNITY CHURCH OR ANY in the connection with this outreach trip or the preparation thereof. Further, I have properly completed the (Release of Liability) form, attached to this application.

Signature of Participant: _____

Date: _____

(If Married)

Signature of Spouse: _____

Date: _____

For Minor:

Signature of Parent or Legal Guardian: _____

Date: _____

REFERENCE FORM FOR SHORT-TERM OUTREACH
Pastoral - From a WOL Elder, Pastor, Director, or Small Group Leader

Name of applicant _____

Address of applicant _____

Thank you for your help in giving us an understanding of this applicant. Please return the completed form, in a sealed envelope, to the applicant. Please read the questions below and check the answers that best describe the applicant.

HEALTH: excellent average poor

INITIATIVE: develops original ideas average depends upon others

CONCERN FOR OTHERS: strong average self-oriented

LEADERSHIP ABILITY: very apparent average follower

ABILITY TO FOLLOW: good average poor

MENTAL ABILITY: quick in comprehension average slow

INDUSTRY: hard worker average lacks tenacity

RELIABILITY: meets obligations average neglects obligations

CO-OPERATIVENESS: works well with others average prefers to work alone

DISPOSITION: cheerful average depressed

SOCIAL ATTITUDE: teachable average unyielding in character

ADAPTABILITY: flexible makes good adjustments average needs work

DRESS: neat average untidy

SPEECH: careful average loose

Would you be pleased to have this person as a fellow worker?

If there is anything else you think we should know about this applicant, please use the reverse side of this paper to tell us. We welcome your comments, Thank you for your help.

Your Name: _____ Date: _____

Phone: _____

REFERENCE FORM FOR SHORT-TERM OUTREACH
Personal- From an Employer, Teacher, or Friend

Name of applicant _____

Address of applicant _____

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Your Name: _____ Date: _____

Phone: _____

OUTREACH DEPARTMENT
SHORT TERM MISSIONS EMERGENCY CONTACTS FORM

TEAM MEMBER'S NAME: _____

1ST CONTACT (the person responsible for picking you up)

EMERGENCY CONTACT: _____

RELATION TO TEAM MEMBER: _____

PHONE NUMBERS: DAY TIME: (____)____ - _____

EVENING: (____)____ - _____

CELL/OTHER: (____)____ - _____

2ND CONTACT

EMERGENCY CONTACT: _____

RELATION TO TEAM MEMBER: _____

PHONE NUMBERS: DAY TIME: (____)____ - _____

EVENING: (____)____ - _____

CELL/OTHER: (____)____ - _____

3RD CONTACT

EMERGENCY CONTACT: _____

RELATION TO TEAM MEMBER: _____

PHONE NUMBERS: DAY TIME: (____)____ - _____

EVENING: (____)____ - _____

CELL/OTHER: (____)____ - _____

LIABILITY RELEASE FORM

WATER OF LIFE MISSIONS – Outreach Department

I, _____, acknowledge that my participation in an outreach trip organized and or promoted by Water of Life Community Church to _____ includes many risks and possible dangers. I am fully aware that my travel exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby personally assume any and all such risks that might result from my travel, and I unconditionally agree to hold Water of Life Community Church, its officers, employees, or other agents blameless for any liability concerning my personal health and well-being, or any liability for my personal property that might be lost, damaged, or stolen while on a outreach trip.

I have carefully read the foregoing and I understand that my signature herein makes Water of Life Community Church, its officers, employees, or other agents harmless from any liability for injury, damage, loss, accident, delay, or irregularity in schedule.

Signed _____

And dated this _____ day of _____, 20_____.

Witnessed by _____,

State of _____,

County of _____,

On this _____ day of _____, 20 _____, before me personally

Appeared _____ known to be the person(s) who executed the

Above release, and acknowledged that they voluntarily executed it.