

# 2018 Global Outreach Team Application Packet

We are blessed by your interest in serving on a Global Outreach Team at Water of Life! Please complete everything in its entirety to help us get to know you better as we prepare a team to serve internationally. Once we have received your application packet, we will review all documents and contact you regarding your acceptance or with any questions or concerns.

For your convenience, here is a checklist of everything that needs to be submitted for each individual (adult or child) before your application will be reviewed:

- Global Outreach Team Application
- 2 color copies of valid passport (must not expire within 6 months of the team's return date)
- Background Check Consent Form (**only for adults** – minors do not need to complete)
  - Due to the fact most of our trips involve working with children, at-risk populations, etc.
  - Prior arrests and/or convictions do not necessarily prevent you participating in an outreach trip; all applications will be reviewed on a case-by-case basis
  - A copy of a photo ID **MUST** be submitted with your background check (see page 7 titled "A SUMMARY OF YOUR RIGHTS under CALIFORNIA LAW" for accepted forms of photo ID; though not listed, a passport copy will also be accepted)
- \$300 deposit (cash or check; checks payable to WOL)
  - Before you will be officially accepted on any GO Team, we must receive a full deposit
  - Deposit must come from the individual applying for the team
  - If you are not able to participate for any reason, your deposit will be refunded to you or held for you to use towards a future team in the same calendar year
  - If any funds were paid towards trip costs (flights, lodging, etc.) you will receive back any funds that have not been spent
- 2 References: 1 Pastoral Reference and 1 Personal Reference
  - Completed references do not need to be submitted with your application – only passed out
  - Please have references returned to you or to GO **in a sealed envelope**
  - References will need to be received before your application will be complete

Please return all documents to the Global Department in one of the following ways:

1. Electronically by e-mailing all documents to [GlobalOutreach@wateroflifecc.org](mailto:GlobalOutreach@wateroflifecc.org)
2. To our office in an envelope and drop off to the Front Desk M-F from 9a-5p at the Administration Office located at 14418 Miller Ave, Suite K, Fontana, CA, 92336 –  
**Please address the envelope to Global Outreach**
3. If neither of these ways work for you, please e-mail us to work out an alternative solution: [GlobalOutreach@wateroflifecc.org](mailto:GlobalOutreach@wateroflifecc.org)

Thank you again for your interest in ministry and outreach internationally. May God bless you RICHLY as you prepare for His work!

For HIS Glory,  
Global Outreach Department  
Water of Life Community Church

# Global Outreach Application

## PART ONE: General Information

Today's Date: \_\_\_\_\_ Country & Team Number (IE: Cam 1): \_\_\_\_\_

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Current Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ If Minor, Parent's Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Since: \_\_\_\_\_

Do you speak any other languages? (please circle) Yes / No

If so, what languages? \_\_\_\_\_

Marital Status (please circle): Single / Married / Divorced / Separated / Widowed

Spouse's Name: \_\_\_\_\_

Do you have your spouse's support and/or consent? (please circle) Yes / No

Spouse's Signature: \_\_\_\_\_

## PART TWO: Passport Information

Do you currently have a valid passport? **\*must not expire within 6 months of travel** (please circle) Yes / No

If yes, please attach 2 color copies to your application

If no, please answer the following:

Have you applied for a passport? (please circle) Yes / No

If yes, please attach a copy of your receipt of payment

Do you have other documentation (i.e. Green Card, etc.) Yes / No

If yes, what type of documentation do you have? \_\_\_\_\_

If yes, please attach 2 color copies to your application

# Global Outreach Application

## PART THREE: Team Member Information

Please share why you are applying to be a part of this Outreach Team:

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Have you ever been on an outreach/mission trip before? (please circle) Yes / No

If yes, where did you go, when, with what organization and what was the purpose of the trip?

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Please list your spiritual gifts, skills, training, etc.

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Are you able to lead worship? (please circle) Yes / No

If yes, what giftings do you have?

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Do you plan to participate in Team fundraising? (please circle) Yes / No

# Global Outreach Application

## PART FOUR: Spiritual Information

Are you a Christian? (please circle) Yes / No

How long have you been a Christian? \_\_\_\_\_

Have you been water baptized? (please circle) Yes / No

Have you been baptized in the Spirit? (please circle) Yes / No

What denomination do you affiliate with? \_\_\_\_\_

Is Water of Life Community Church your "home church"? (please circle) Yes / No

If yes, how long have you been attending? \_\_\_\_\_

If yes, have you attended DWOL? (please circle) Yes / No

If yes, have you attended the Ministry & Gifts of the HS class? (please circle) Yes / No

If WOL is not your home church, what church do you attend? \_\_\_\_\_

How long have you been there? \_\_\_\_\_

What is your pastor's name? \_\_\_\_\_

What is your pastor's telephone number? \_\_\_\_\_

Do you attend a Small Group? (please circle) Yes / No

If yes, what is your group leader's name and number? \_\_\_\_\_

Please share about how you became a Christian:

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What ministries and/or church activities are you currently involved?

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# Global Outreach Application

## PART FIVE: Health & Personal Information

This will be kept confidential and viewed only by Outreach Staff and your Team Leader(s)  
Please use the back if more space is needed

How would you rate your present state of health (10 = good, 1 = poor)?

Physical: \_\_\_\_\_

Emotional: \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been hospitalized for a physical or emotional condition?

Yes / No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently receiving counseling?

Yes / No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any allergies, dietary needs, illnesses or chronic conditions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If separated or divorced, please briefly share when and under what circumstances.

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\_\_\_\_\_

# Global Outreach Application

Are you currently taking any anti-depressant medications?  
If yes, please explain:

Yes / No

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Please list ALL medications you are taking and for what condition (use back if needed):

**Medication Name**

**Condition Being Treated**

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Do you have any physical limitations?  
If yes, please explain:

Yes / No

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Have you ever been arrested?  
If yes, please explain:

Yes / No

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How do you plan to finance this outreach trip?

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Please explain any financial obligations that may hinder you from going on this trip (including debt, outstanding bills, etc.).

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# Global Outreach Application

## PART SIX: Emergency Contact Information

### **FIRST CONTACT**

Name of Contact: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Day Time Phone Number: \_\_\_\_\_

Evening Time Phone Number: \_\_\_\_\_

### **SECOND CONTACT**

Name of Contact: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Day Time Phone Number: \_\_\_\_\_

Evening Time Phone Number: \_\_\_\_\_

### **THIRD CONTACT**

Name of Contact: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Day Time Phone Number: \_\_\_\_\_

Evening Time Phone Number: \_\_\_\_\_

## A SUMMARY OF YOUR RIGHTS under CALIFORNIA LAW

Under California Law, you are entitled, upon presentation of proper identification (\*), to find out from an investigative “consumer reporting agency” (“CRA”) what is in your file, as follows:

1. In person, by visual inspection of your file during normal business hours and on reasonable notice;
2. By obtaining a summary of it via telephone call, if you have made a written request, with proper identification, for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by you or charged directly to you; or
3. By requesting in writing, with proper identification, that a copy of it be sent to a specified addressee by certified mail.

Investigative CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative CRAs. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file. The investigative CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An investigative CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person’s presence.

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(\*) the term “proper identification” as used above shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described herein, may an investigative CRA require additional information concerning your employment and personal or family history in order to verify your identify.

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRAs and creditors	California Attorney General’s Office Public Inquiry Unit P.O. Box 944255 Sacramento, CA 94244-2550 * 800-952-5225
CRAs and creditors	California Department of Consumer Affairs 400 R Street, Suite 1080 Sacramento, CA 95814 * 800-952-5210



## DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment or service with Water of Life Community Church, (herein "Client") or if employed, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment/volunteer purposes from Protect My Ministry, Inc.,(herein: "Protect My Ministry") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Employment Credit Report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), IS U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY/DRIVING HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, GENERAL REPUTATION, MODE OF LIVING,AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY PROTECT MY MINISTRY DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, Protect My Ministry's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, Protect My Ministry will provide a written explanation of any coded information contained in my file. I understand that Protect My Ministry is a Consumer Reporting Agency and it is Protect My Ministry's policy to not be involved in or make hiring decisions or recommendation.

Protect My Ministry's privacy policy limits the information it provides to the client named herein, however I hereby authorize the client to share such information with parties in interest who have a "need to know" such information to protect them and their employees. Protect My Ministry does not sell or otherwise provide any of the information found in its background investigations to any other party other than the client. .

### Consumer Reporting Agency contact information

**Protect My Ministry**

14499 Dale Mabry Hwy, Suite 201 South, Tampa FL 33618

Phone: 800-319-5581 Fax: 800-319-5582

[www.protectmyministry.com](http://www.protectmyministry.com)

## BACKGROUND RELEASE INFORMATION

The following must be filled out completely, signed, AND SUBMITTED WITH A COPY OF PHOTO ID for your application to be considered (Please Print)

FULL LEGAL NAME (First, Full Middle Name, Last Name)		
STREET ADDRESS		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER / /	DATE OF BIRTH / /	* EMAIL ADDRESS
DRIVER'S LICENSE NUMBER or STATE ID		ISSUING STATE
LIST ALL COUNTIES LIVED IN THE LAST 7 YEARS WITH DATES LIVED IN EACH COUNTY		
OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc)		
<input type="checkbox"/> I acknowledge that this application will not be considered without a copy of photo ID.		<input type="checkbox"/> Photo ID attached
<b>For residents of California only:</b>		
<input type="checkbox"/> I acknowledge receipt of a copy of California Summary of Rights under CA law 1786.22.		
<input type="checkbox"/> I wish to receive a copy of any Background Check Report on me that is requested.		

**AUTHORIZATION**

I hereby authorize Water of Life Community Church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Water of Life Community Church or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Water of Life Community Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

\*Email address is being collected only as an additional source of personally identifiable information, and not for any marketing purpose or third party use.

The information contained in this application is correct to the best of my knowledge.

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



# GLOBAL OUTREACH TEAM REFERENCE FORM #1: Pastoral Reference

From a WOL Pastor, Elder or Small Group Leader. Or from a Pastor or Small Group Leader from applicant's church.

Name of Applicant: \_\_\_\_\_

GOR Team (country and month): \_\_\_\_\_

Reference Name & Relationship to Applicant: \_\_\_\_\_  
 (Please provide your contact information if you are not a WOL Pastor, Elder or employee)

How long have you known the applicant? \_\_\_\_\_ Today's Date: \_\_\_\_\_

Thank you for your honesty and insight to help give us a better understanding of this applicant. Please respond how you best feel the applicant meets each criteria. If you do not feel you can provide input in a specific area, please feel free to leave it blank.

<b>Health</b>	excellent	above average	below average	poor
<b>Initiative</b>	develops original ideas	above average	below average	depends on others
<b>Concern for others</b>	strong	above average	below average	self-oriented
<b>Leadership ability</b>	very apparent	above average	below average	follower
<b>Ability to follow</b>	good	above average	below average	poor
<b>Mental ability</b>	quick in comprehension	above average	below average	slow
<b>Industry</b>	hard worker	above average	below average	lacks tenacity
<b>Reliability</b>	meets obligations	above average	below average	neglects obligations
<b>Cooperativeness</b>	works well with others	above average	below average	prefers to work alone
<b>Disposition</b>	cheerful	above average	below average	depressed
<b>Social attitude</b>	teachable	above average	below average	unyielding in character
<b>Adaptability</b>	flexible, makes good adjustments	above average	below average	needs work
<b>Dress</b>	neat	above average	below average	untidy
<b>Speech</b>	careful	above average	below average	loose

# GLOBAL OUTREACH TEAM REFERENCE FORM #1: Pastoral Reference

From a WOL Pastor, Elder or Small Group Leader. Or from a Pastor or Small Group Leader from applicant's church.

Please explain why you would or would not welcome this person as a fellow ministry partner:

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Do you think this person is suited for short-term ministry and outreach cross-culturally?

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Would you trust this person around children?

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Is there anything else you think we should know about this applicant?

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Once completed, please return in a sealed envelope in one of the following ways:

1. Sign the envelope's seal and return to applicant
2. Mail to Water of Life, Attn: Global Outreach  
14418 Miller Ave, Suite K, Fontana, CA, 92336
3. E-mail to [GlobalOutreach@wateroflifecc.org](mailto:GlobalOutreach@wateroflifecc.org)
4. (WOL Staff Members, please return references to Krista's box (or desk) **ONLY** – thank you! ☺)

**Thank you again for your time and assistance!**

# GLOBAL OUTREACH TRIP REFERENCE FORM #2: Personal Reference

(From an Employer, Teacher, Co-worker or Friend)

Name of Applicant: \_\_\_\_\_

GOR Team (country and month): \_\_\_\_\_

Reference Name & Relationship to Applicant: \_\_\_\_\_

(Please provide your contact information if you are not a WOL employee or member)

How long have you known the applicant? \_\_\_\_\_ Today's Date: \_\_\_\_\_

Thank you for your honesty and insight to help give us a better understanding of this applicant. Please respond how you best feel the applicant meets each criteria. If you do not feel you can provide input in a specific area, please feel free to leave it blank.

<b>Health</b>	excellent	above average	below average	poor
<b>Initiative</b>	develops original ideas	above average	below average	depends on others
<b>Concern for others</b>	strong	above average	below average	self-oriented
<b>Leadership ability</b>	very apparent	above average	below average	follower
<b>Ability to follow</b>	good	above average	below average	poor
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<b>Cooperativeness</b>	works well with others	above average	below average	prefers to work alone
<b>Disposition</b>	cheerful	above average	below average	depressed
<b>Social attitude</b>	teachable	above average	below average	unyielding in character
<b>Adaptability</b>	flexible, makes good adjustments	above average	below average	needs work
<b>Dress</b>	neat	above average	below average	untidy
<b>Speech</b>	careful	above average	below average	loose

# GLOBAL OUTREACH TRIP REFERENCE FORM #2: Personal Reference

(From an Employer, Teacher, Co-worker or Friend)

Please explain why you would or would not welcome this person as a fellow co-worker:

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Do you think this person is suited for short-term service cross-culturally?

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Is there anything else you think we should know about this applicant?

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Once completed, please return in a sealed envelope in one of the following ways:

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|--|---|
| 1. Sign the envelope's seal and return to applicant  | 3. E-mail to <a href="mailto:GlobalOutreach@wateroflifecc.org">GlobalOutreach@wateroflifecc.org</a>   |
| 2. Mail to Water of Life, Attn: Global Outreach<br>14418 Miller Ave, Suite K, Fontana, CA, 92336 | 4. (WOL Staff Members, please return references to Krista's box (or desk) <b>ONLY</b> – thank you! ☺) |

**Thank you again for your time and assistance!**