

Water of Life Mexico Application

We are blessed by your interest in Mexico Outreach! Please complete everything in its entirety to help us get to know you better as we prepare a team to serve in Mexico.

For your convenience, here is a checklist of everything that needs to be submitted for each adult before acceptance onto a Mexico Team will be considered:

- Mexico Outreach Application
- 2 color copies of your **valid** passport (must not expire within 6 months of the trip)
- Background Check Consent Form (if you don't have a valid background check on file)
 - **Only for adults** – minors do not need to complete
 - Due to the fact our trips involve working with children, at-risk populations, etc.
 - Prior arrests and/or convictions do not necessarily prevent you participating in a Mexico team; 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)
- Mission Trip Risk Acknowledgement and Release Form
- \$60 deposit (or \$73 if a background check is needed)
 - Deposit must come from the individual applying for the team
 - Checks can be made out to WOL
 - Please put your money in an envelope with "GLOBAL OUTREACH" clearly marked on the envelope
 - Please include your name, phone number and home address on a piece of paper inside the envelope
 - Place envelope in any tithe box (no money will be received by Receptionists or other WOL Staff)

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

1. Electronically
 - a. E-mail all documents to GlobalOutreach@wateroflifecc.org
2. To our office, M-F, 9a-5p:
 - a. Place all documents in an envelope and deliver to our new Administration Office located at 14418 Miller Ave, Suite K, Fontana, CA, 92336
 - b. 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

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

For HIS Glory,

The GO Department

Mexico Outreach Application

PART ONE: General Information

Today's Date: _____ Dates of Outreach: _____

Full Name: _____

Preferred Name: _____

Date of Birth: _____ Age: _____ Male / Female

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

Current Address: _____

Email: _____

Cell Phone: _____ Home Phone: _____

PART TWO: Passport Information

Do you currently have a valid passport? (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

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

If yes, what type of documentation do you have?

Name as on Document: _____

Issuing Country: _____

Document Number: _____ Expiration Date: _____

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PART THREE: Spiritual Information

How long have you been a Christian? _____

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

If yes, how long have you been attending? _____

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? _____

Please share about how you became a Christian:

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

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

PART FOUR: Mexico-Specific Information

Do you speak Spanish? (please circle) Yes / No

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

Would you be able to drive your own vehicle? (please circle) Yes / No

If yes, how many people, other than yourself, does your vehicle hold? _____

If you drive you will need to provide proof of a valid driver's license and insurance

What types of outreach are you most interested in? (please circle all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Building/Construction/Handiwork | <input type="checkbox"/> Assisting the ministry staff |
| <input type="checkbox"/> Children's ministry | <input type="checkbox"/> Evangelism |
| <input type="checkbox"/> Outreach to the local community | <input type="checkbox"/> Encouraging the local Church |

Please list any special abilities we should know about (i.e. construction, medical, preaching, etc.).

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PART FIVE: Health & Personal Information

(This will be kept confidential & viewed only by Outreach Staff | Please use the back if more space is needed)

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, illnesses or chronic conditions.

Are you currently taking any anti-depressant medications? Yes / No
If yes, please explain:

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

Medication Name

Condition Being Treated

Have you ever been arrested? Yes / No
If yes, please explain:

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PART SIX: Emergency Contact Information

Applicant Name: _____

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: _____

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PART SEVEN: Outreach Covenant

Each trip participant is required to read and sign this covenant:

1. I will complete a binding release of liability.
2. I will yield to the authority of the Global Outreach Department and the appointed Leader(s) of the outreach trip.
3. I will take all questions and concerns to my Team Leader(s) first
4. I will not consume tobacco products or alcoholic beverages throughout the duration of the outreach.
5. I will be culturally sensitive to the rules and behaviors between men and women in-country
6. I will not enter into a romantic relationship with a teammate throughout the duration of the outreach.
 - a. If you are currently in a romantic relationship with a teammate you will not show inappropriate public displays of affection
 - b. The Team Leader may discuss this with you further if he or she deems it necessary.
7. I will have a quiet time each day
8. I will never go anywhere alone without permission from a Team Leader
9. I will not go anywhere with a member of the opposite gender without permission from a Team Leader
10. I will NOT go outside of my leaders to establish relationships, contact our partners or give financial donations without communicating and discussing it with my Team Leader(s) and/or the Global Outreach Department at WOL.
11. I will be mindful of excessive use of technology including cameras, phones, social media, etc.

I have carefully read the above Covenant. I agree to all statements and will follow them in-country.

Signature of Participant: _____ Date: _____

Printed Name of Participant: _____

For Minor

Signature of Parent/Legal Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Short-Term Mission Trip Risk Acknowledgement and Release



Water of Life Community Church,
7625 East Ave., Fontana, CA
909-463-0103

TRIP INFORMATION *(to be completed by trip sponsor)*

Sponsoring organization (Trip Sponsor): Water of Life Community Church

Location of mission trip: Ciudad Morelos, Baja California, Mexico Dates: _____

Nature of mission trip: _____

Name of trip sponsor's coordinator: Krista Thompson Phone: 909.463.0103 x4182

E-mail: kristat@wateroflifecc.org

PARTICIPANT INFORMATION *(to be completed by the participant or by parents/guardians if Participant is a minor)*

Name of participant _____
Age (if under 18) _____ Birthdate (if under 18) _____

Address _____ Cell phone# / contact# _____

Name of parent(s)/guardian(s) (if applicable) _____ Cell phone# / contact# _____

Name of emergency contact _____ Relationship to participant _____ Cell phone# / contact# _____

List allergies, illnesses, physical conditions, medications or anything else WOL should be aware of:

Is sponsor authorized to approve medical treatment? YES NO

Is participant covered by personal/family medical insurance? YES NO

If yes, name of insurer: _____
Policy or Group # _____

I acknowledge that participation in the above trip involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the above trip, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in the trip. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the trip, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor (Water of Life Community Church) or it's agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Trip Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Trip Sponsor for any injury related directly or indirectly out of the above trip, whether such injury arises out of the negligence of the Trip Sponsor or otherwise.

I authorize the Trip Sponsor to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment on the advice of any physician or surgeon licensed to practice in the state of treatment, on behalf of the Participant (or parent/guardian) when the need for such treatment is immediate, and when efforts to contact parent/guardian are unsuccessful. I understand that the Trip Sponsor is not responsible for costs incurred for medical care.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Trip Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature of Participant (or parent/guardian if participant is a minor) _____ Date _____

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.

(*) 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 identity.

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

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
For residents of California only: <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: _____

