



# Volunteer Application

(All fields are mandatory)

## INSTRUCTIONS

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Please take time to prayerfully fill out the attached application.

- All fields are mandatory. If you do not have an answer for a certain field please indicate recognition of the question by using Non Applicable or N/A.
- We do need to capture an actual signature. Feel free to complete the application electronically, however you will need to print the completed copy, sign all appropriate documents, and either mail in a hard copy, or scan and email to the appropriate person.
- ONLY fully completely applications will be considered for review. Please complete the checklist below to insure you have all needed documents before submitting. If you have any questions please call or email our offices.

## CHECK LIST

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- ☐ Application fully completed, signed, and dated.
  - If you are submitting electronically, all files must be hand signed, and then scanned in, and emailed.
- ☐ 5 colored copies of your passport (send us 3, you keep one for your own travel and one for your family to hold on to during the trip).
  - If you are electronically submitting, please be sure scanned copy is in color (we only need one copy if scanned in), and clearly defined, we will not accept any faxed copies of passports due to poor resolution.
  - If you do not have your passport please include a copy of your passport application.
- ☐ Two letters of reference
  - Pastor/Ministry Leader
  - Character reference (nonfamily)
- ☐ Code of Consent (signed and dated)
- ☐ Release Waiver (signed and dated)
- ☐ Safe house Confidentiality (signed and dated)
- ☐ Notification Request
- ☐ Medical Care Form
- ☐ Emergency Contact Form (at least two contacts completed)

## TO NOTE

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- Trip Cost: \$4500
- Non Refundable Deposit: \$300
- Due Dates:
  - October 2<sup>nd</sup>: Application and deposit
  - November 13<sup>th</sup>: 50% of funding (\$2250 – includes the \$300 already submitted for deposit)
  - December 11<sup>th</sup>: 100% of funding (remaining \$2250)

(Kept blank for easy print and filing at Women At Risk office)



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## General Information

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

Name (as written on Passport or ID):

First:: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

City/ST/Zip: \_\_\_\_\_

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

D/O/B: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Have Int'l Experience?: ☐ YES ☐ NO

Passport #: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Date of Expire: \_\_\_\_\_

***\*\* If you do not have a current passport, you must submit a copy of your passport application along with this application.***

Airport you desire to fly out of (include city/state): \_\_\_\_\_

Are you: ☐ Single ☐ Engaged ☐ Married ☐ Widowed ☐ Divorced

Name of ☐ Parent/ ☐ Spouse/ ☐ Fiancée: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Professional/Technical skills you may be able to offer: \_\_\_\_\_

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

## **Please help us get to know you by filling out the questions below**

How did you hear about WAR, Int'l?

[Click here to enter text.](#)

If you will be sponsored by a Church or other organizations, please provide name, address, and contact/group leader information:

[Click here to enter text.](#)

Have you had previous ministry abroad? (when, where, what, and with whom?)

[Click here to enter text.](#)

What is your interest in attending Circle Tour 2016?

[Click here to enter text.](#)

What personally do you see as your goal for going on this trip? What expectations do you have?

[Click here to enter text.](#)

### **Church/Christian Experience**

Name/denomination of church you attend:

Address: [Click here to enter text.](#)

How long have you attended?: [Click here to enter text.](#)

Are you a member? ☐ Yes ☐ No

Name/Phone number of pastor/leader: [Click here to enter text.](#)

Do we have permission to contact him/her as a reference? ☐ Yes ☐ No

Write briefly how you came to know Christ, and how you have grown spiritually since then:

[Click here to enter text.](#)

### **Medical Information**

How would you rate your present health? ☐Excellent ☐Good ☐Fair ☐Poor

Explain any major illnesses or surgeries you have had in the last five years (*this will be kept confidential and is to benefit you while on trip to be monitored by trip doctor/nurse to insure your health*):

[Click here to enter text.](#)

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Please list any environmental, food, or medication allergies:

[Click here to enter text.](#)

This trip does include hiking, long periods of walking, long periods of sitting, uneven ground to walk on, late nights and early mornings. Please tell us any medical conditions/physical limitations you believe we should be aware of in regards of the nature of the trip (*this will be kept confidential and is to benefit you while on trip to be monitored by trip doctor/nurse to insure your health*):

[Click here to enter text.](#)

## Agreement

By completely this application you are agreeing to understand that all personal expenses for this trip are to be paid by you, the volunteer. This includes international airfare, charter plane service, accommodations, food, visas and transportation cost of goods and materials needed during your visit to the location. WAR, Int'l will set up an account through our organization that you may have people donate to in your name. These accounts will be where the funding for the actual trip expenses will be held. Any overage of your account in donations will be submitted to the good of the trip, and the programs affected by the trip. There will be no refunds of donations per IRS standards. If you contribute to your own trip you will receive a tax deduction receipt for it. Please see our Circle Tour FAQ document for further information about fundraising.

You are in agreement to obtain emergency evacuation insurance prior to your departure. Travel insurance covering this is INCLUDED in the cost of the trip and will be purchased by WAR, Int'l headquarters. You will receive a copy of this insurance before your departure.

You are in agreement to have a U.S. Passport that is valid for six (6) months PAST the time you expect to leave the country of your service.

Thank you for your interest and desire to serve.

Print Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

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

\*\* Document must be printed, and signed. Can be submitted electronically through scanned copy in order to capture signature.

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## Code of Consent and Empowering Agreement

We require all volunteers to sign an agreement acknowledging that they are aware of what we believe and who we are. While volunteering with WAR, Int'l, you become part of WAR, Int'l and whatever you say will reflect on our ability to accomplish the work that we believe God would have us do.

If I am accepted by WAR, Int'l to go overseas as a volunteer, I agree to uphold and not engender conflict with the standards, policies and work of WAR, Int'l.

- I have read and agree to abide by the Statement of Faith of WAR, Int'l while on this ministry trip. In instances in which I may disagree, I promise not to discuss or debate any differences with the nationals, knowing that this would cause confusion in the hearts and minds of a people who may have only recently come out of the kingdom of darkness and still trying to learn more about the redemptive message.
- I will not discuss politics with the nationals, knowing that politics is a sensitive issue. I realize that I am a guest in their country and any political comments may reflect on WAR, Int'l's ability to continue to work effectively after I am gone.
- I will not interfere with WAR, Int'l's management of the project and/or personnel.
- I will not make promises to or create agreements with the nationals about projects that I or they might like to do outside those being managed by WAR, Int'l. *(Culturally, a discussion often may be seen as a promise by the locals.)*
- I will not make any promises of assistance or give gifts to the nationals. *(If such a gift or assistance is being considered, it must first be discussed with WAR, Int'l)*
- I agree to abstain from alcohol, illegal drug use, smoking and coarse or suggestive language. I will seek to avoid discussing sensitive topics with nationals that might be misunderstood or engender unrest.
- I will abide by the values of respect, love and concern for others, integrity, truthfulness accountability and hard work.
- While on this ministry trip, I will keep WAR, Int'l informed at all times as to my whereabouts and will not go off on my own unless I have informed the WAR, Int'l representative as to where I am going. This is for my own safety and security.

Print Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

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

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## Release, Waiver and Indemnity Agreement

I, \_\_\_\_\_, HEREBY VOLUNTARILY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the **Women At Risk, International (WAR, Int'l)**, a Michigan non-profit corporation, their respective directors, officers, employees and agents, (collectively referred to herein for the purposes of this document as "**WAR, Int'l**"), from any and all liability to me, my personal representatives, assigns, heirs and next-of-kin, for any and all loss or damage, and any claims or demands therefore, on account of injury to my person or property or resulting in my death, whether caused by the negligence of **WAR, Int'l** or otherwise, during my participation in the mission trip to:

\_\_\_\_\_, Scheduled to take place from \_\_\_\_\_, 20\_\_\_\_,  
to \_\_\_\_\_, 20\_\_\_\_ ("the Mission Trip").

I recognize that the conditions in some of the places I will travel are not of the same standard as the condition to which I am accustomed. I expressly acknowledge and agree that my participation in the Mission Trip includes risks and dangers, including travel, transportation and/or construction accidents and injuries, death, disease, war, political unrest, kidnapping, delay or irregularity in schedule, and other calamities. I understand that I should not enter or work in any mission activities unless I am medically able, and that I alone am making the determination that I am fit for these activities after being given ample opportunity to seek an independent medical evaluation.

The above being true, I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DISEASE, DEATH OR PROPERTY DAMAGE, either due to the negligence of **WAR, INT'L** or otherwise, while participating in the Mission Trip.

In the event of an emergency, I hereby authorize **WAR, Int'l**, their agents and/or representatives, as my agent, to consent to medical care, including and without limitation: medical examination; medication; medical, dental or surgical diagnosis and treatment; hospital or other care; being advised and supervised by a physician, surgeon or dentist, as is appropriate by persons licensed to practice under the laws of the state or country where services are rendered. I direct that my emergency contact be advised as soon as possible.

I agree to abide by any rule or decision of a **WAR, Int'l** employee, agent, or representative. I understand that my continual disobedience may result in expulsion from the mission team and any further participation in the mission trip. At such time, I am liable for any and all expenses incurred for my return home.

I agree that **WAR, Int'l** may use and/or display my name for promotional purposes without further consideration. I authorize **WAR, Int'l**, their agents and/or representatives, permission to use, copy, reproduce, display, distribute, publish and exhibit any pictures, video or narrative **WAR, Int'l** takes during the trip which **WAR, Int'l** provides to any of them, and pictures, video, or narrative in which I may be included, without restriction. This authorization includes any means of communication at any place for any lawful purpose. I waive any right I might have to inspect and/or approve the copy that may be used or the use to which it may be applied.

I further expressly agree that the foregoing Release, Waiver and Indemnity Agreement is intended to be as

broad and inclusive as is permitted by the law of the State of Michigan; that this Release, Waiver and Indemnity Agreement will be construed in accordance with the laws of the State of Michigan; and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I sign this Release, Waiver and Indemnity Agreement voluntarily, in consideration for **WAR**, Int'l allowing me to participate in the Mission Trip. I understand that **WAR**, Int'l will rely on this Release, Waiver and Indemnity Agreement in allowing me to participate in the Mission Trip. I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Print Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

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

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## Safehouse Confidentiality

I, \_\_\_\_\_, agree to keep all WAR Int'l information relating to WAR Int'l and its partners and safehouses confidential and understand it may not be disclosed to anyone. These include but not limited to whereabouts of a safehouse, names of partners, names of women in the safehouses, and anything containing sensitive information regarding WAR Int'l programs or partners. This information will be kept confidential abroad and in the United States. This is to include obtaining any information to be used through social media avenues. I will not befriend a national, partner, or safehouse woman/staff on facebook, even if they outreach to me.

Print Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

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

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

## Notification Requests

This form is used in case of high level emergencies in how you would like your family to be notified of your emergency, OR how you would like to be informed of your family's emergency.

I, \_\_\_\_\_ am requesting notification of state side emergencies including: loss of life, medical emergencies, home accidents, or any emergency in which a family member contacts an overseas WAR, Int'l staff member to be handled in the following manner:

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I, \_\_\_\_\_ am requesting my family be notified of my own emergencies including: loss of life, medical emergencies, accidents, or any emergency a WAR, Int'l staff member sees fit to call a family member of mine to be handled in the following manner:

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

## Medical Care Form

*\*\*This form will only be given to the doctor or nurse on duty during the trip.\*\**

Please indicate any prescription medications you are or will be taking while on the trip.

[Click here to enter text.](#)

Do you possess a medical allergy (example: penicillin, codeine) that WAR Int'l needs to be aware of for your safety? ☐ Yes ☐ No

If so, please list below:

[Click here to enter text.](#)

Do you possess a food allergy (example: shellfish) that WAR Int'l needs to be aware of for your safety?

☐ Yes ☐ No

If so, please list below:

[Click here to enter text.](#)

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

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## Emergency Contacts

### Emergency Contact #1/Relation to you:

Click here to enter text.

Name: Click here to enter text.

Phone Number: Click here to enter text.

Address: Click here to enter text.

Email Address: Click here to enter text.

### Emergency Contact #2/Relation to you:

Click here to enter text.

Name: Click here to enter text.

Phone Number: Click here to enter text.

Address: Click here to enter text.

Email Address: Click here to enter text.

### Emergency Contact #3/Relation to you (optional):

Click here to enter text.

Name: Click here to enter text.

Phone Number: Click here to enter text.

Address: Click here to enter text.

Email Address: Click here to enter text.