

## WMUNC Volunteer Mission Engagement Application

Dear Friend,

We are excited about the possibility of your participation in a mission experience with WMUNC! We desire to help you fulfill your calling to serve God through this experience as we work diligently to provide as safe and secure an environment as we can for the individuals with whom we are providing volunteer services. We will choose team members based on the skills, spiritual gifts, and faith journey needed for the services we intend to provide. We ask you to prayerfully consider your role in this mission experience.

Enclosed you will find forms that need to be completed by the applicable person:

1. Please complete the WMUNC Volunteer Mission Engagement Application. Please attach the application fee and a recent photo of yourself. A head and shoulders photo is best. If this is an international trip, please attach a copy of your passport.
2. Please complete the Medical/Health History and Authorization Form.
3. Please read the WMUNC Short Term Mission Experience Policies and Exceptions and sign acknowledging your commitment to these policies and expectations.
4. Please give references to the appropriate people on the forms and ask them to complete and return form directly to WMUNC.
5. Please complete WMUNC Criminal Records Check Authorization online process. If an individual has any criminal history, this may prevent him/her from serving as a volunteer with WMUNC.
6. Trip insurance is required for international trips and encouraged for domestic trips. Information will be provided by team leader after your application is accepted.

Thank you for completing the application process. We will prayerfully review your application and will notify you in a reasonable amount of time. If you have any questions or concerns, please contact us at 866-210-8602.

Grace and Peace,

Sara Lamkin

WMUNC

PO BOX 4249

Cary, NC 27519

[slamkin@wmunc.org](mailto:slamkin@wmunc.org)

## WMUNC Short Term Mission Engagement Policies and Expectations

I acknowledge and will adhere to the following policies and expectations of WMUNC trips listed below:

### Policies:

- You must submit the completed application AND a non-refundable registration fee before your application will be processed and reviewed.
- In the event your application is not accepted, your check will be returned to you. Once you are part of the team, the check will be deposited and become non-refundable.
- No one will be considered or accepted as a team member until a completed application is received. WMUNC reserves the right to deny acceptance to any person for any reason.
- By submitting this application to be part of a WMUNC short-term mission, you acknowledge that you are personally responsible to pay for, or arrange funding for, your portion of the trip costs.
- Short term mission trips can be rewarding and life changing. They can also be stressful. Please consider factors in your personal life at this time that may distract and prohibit you from fully committing to the mission of the trip and adapting to unusual conditions.
- Once accepted, team members are expected to attend all team training meetings.
- If you are unable to participate in your trip, the team leader must receive cancellation notice as soon as possible. You will be responsible for all trip costs incurred up to that date.

### Expectations:

- Using, possessing, or being under the influence of alcohol, illegal, or illicit drugs will not be tolerated. Tobacco products may be used out of sight of those we are serving provided that our ministry partner agrees.
- Volunteers serving with minors or the intellectually or physically disabled shall not abuse said individuals, including:
  1. Any direct observations or evidence of sexual activity in the presence of or in association with individuals.
  2. Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct towards an individual.
  3. Sexual advances or sexual activity of any kind.
  4. Infliction of physically abusive behavior or bodily injury to an individual.
  5. Physical neglect of an individual, including failure to provide adequate supervision in relation to activities of WMUNC.
  6. Actions causing mental or emotional injury to an individual.
  7. The presence or possession of obscene or pornographic materials at any WMUNC function.
  8. The presence, possession, or being under the influence of any illegal or illicit drugs.
  9. The consumption of or being under the influence of alcohol while leading or participating in a function for individuals of WMUNC.
- Volunteers must treat **all** people with respect and consideration.
- Volunteers shall not use or tolerate the use of profanity in the presence of individuals.

- Volunteers must be free of physical and psychological conditions that might adversely affect any individual's health, including, but not limited to, contagious disease.
- Volunteers will portray a positive role model for individuals by maintaining an attitude of respect, loyalty, patience, courtesy, and maturity.
- Volunteers will be expected to act and react with Christian love and understanding in all situations.
- Volunteers will do everything in their power to avoid being put in a situation where they are alone with a minor or the intellectually or physically disabled other than one in their custodial responsibility.
- I understand that any violation of this code may result in my removal as a volunteer with the WMUNC.
- I understand that I am a volunteer at will, meant that either I or the WMUNC may end the volunteer relationship at any time and for any reason.

Print Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_



# WMUNC Volunteer

## Mission Engagement Application

Short Term Missions Experience Location: \_\_\_\_\_

Short Term Missions Dates: \_\_\_\_\_

### I. Personal Information:

Attach a recent photograph of you. A head and shoulders shot is best.

Legal Name: \_\_\_\_\_

Last

First

Middle

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

Phone number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_

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

Volunteer Activities: \_\_\_\_\_

Church Name: \_\_\_\_\_ Association: \_\_\_\_\_

**II. Spiritual/Missions:** (If you need more space, please answer on a separate paper and attach.)

1. Why do you want to be a part of this mission trip?

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2. What special skills, abilities, or spiritual gifts do you have that can be used on the mission field?

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3. What previous mission trip experience do you have?

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4. Please give a brief testimony.

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5. How are you currently serving in your church and/or community?

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**III. References**

List two adult references below who know you well, one church leader (such as Pastor or WMU Leader) and one non-relative. Please ask each one to fill out an attached reference form and mail/fax to WMUNC by the application deadline found on our website or the trip information sheet.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name (Print Please): \_\_\_\_\_

**IV. Medical/Health History and Authorization**

In case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please describe your health, including any physical or dietary limitations: \_\_\_\_\_

\_\_\_\_\_

List any allergies (food, medicine, environment, insects, etc.):

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

Name of Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Current Medications (both prescription and over the counter medications, use separate sheet if necessary):

<u>Name of Medication</u>	<u>Dosage (Strength/Frequency)</u>	<u>Reasons for taking</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Insurance Information: *Please attach a copy of your insurance card (front and back)*

Insurance Provider: \_\_\_\_\_ Policyholder's name: \_\_\_\_\_

Group #: \_\_\_\_\_ Identification #: \_\_\_\_\_

Consent and Release

I, \_\_\_\_\_, (or parent/guardian of \_\_\_\_\_) hereby give my/our permission for treatment by a licensed physician, hospital, or treatment center if medical treatment is deemed necessary by a licensed physician. In case of surgical emergency, I/we also give my/our consent to all medical procedures diagnosed and prescribed by the attending licensed physician.

I also give consent to my/their photograph being used in WMUNC publications.

By affixing my signature below, I agree to hold harmless and indemnify Woman's Missionary Union of North Carolina (WMUNC) and all agents and representatives thereof (the Releasees) from all claims of losses, injuries, or damage that may result from or to myself or my child participating in this missions experience. I further agree to waive any and all rights of legal action against WMUNC and the Releasees.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## **WMUNC Mission Partnership Criminal Records Check Authorization**

Background Checks are completed online or printed and mailed to the office at the following link:

[https://www.wmunc.org/files/ugd/4f59ca\\_523a0c07a0aa42798906637c863b3686.pdf](https://www.wmunc.org/files/ugd/4f59ca_523a0c07a0aa42798906637c863b3686.pdf)

# WMUNC Volunteer Reference Form

Non-Relative Pastor, WMU Leader, or Church Leader

CONFIDENTIAL

To be completed by Applicant: Short Term Mission Engagement Location: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

I hereby waive my rights to see the completed reference forms submitted in conjunction with my volunteer application with WMUNC.

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

## To be completed by the Pastor, WMU Leader, or Church Leader Reference (Non-Relative):

The above named is applying for a mission trip with WMUNC. Serious consideration will be given to your comments. Please forward the completed reference directly to the address/fax at the end of the form. Thanks for your assistance.

1. How long have you known the applicant? \_\_\_\_\_
2. How well do you know him/her? Please circle one.

Very Well

Casually, few personal contacts

Fairly Well, numerous personal contacts

By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? \_\_\_\_
4. We all need to grow in certain areas of our life. What are some of the areas in which the applicant needs to grow most? (Weaknesses) What are some areas of strength you see in the applicant?

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5. The applicant's influence on her/his peers is Positive      Neutral      Negative

(Continued)

6. For each of the areas below, please circle the evaluation that best describes your perception of the applicant.

<b>Reliability:</b> dependable, responsible	Not known	Poor	Below Avg	Average	Above Avg
<b>Maturity:</b> Personal development, ability to cope with life situations	Not known	Poor	Below Avg	Average	Above Avg
<b>Emotional Stability:</b> Reaction to stress, mood stability	Not known	Poor	Below Avg	Average	Above Avg
<b>Motivation:</b> Genuineness and depth of commitment	Not known	Poor	Below Avg	Average	Above Avg
<b>Judgment:</b> Ability to analyze a problem	Not known	Poor	Below Avg	Average	Above Avg
<b>Communication:</b> Clarity, Coherence	Not known	Poor	Below Avg	Average	Above Avg
<b>Interpersonal Relations:</b> Rapport, cooperation, attitudes toward supervision	Not known	Poor	Below Avg	Average	Above Avg
<b>Empathy:</b> Sensitivity to the needs of others	Not known	Poor	Below Avg	Average	Above Avg
<b>Work Habits:</b> Stamina, conscientiousness, perseverance, resourcefulness, initiative	Not known	Poor	Below Avg	Average	Above Avg
<b>Leadership:</b> Creative thought, self-confidence	Not known	Poor	Below Avg	Average	Above Avg
<b>Personal Appearance:</b> Cleanliness	Not known	Poor	Below Avg	Average	Above Avg
<b>Integrity:</b> Honesty, moral character	Not known	Poor	Below Avg	Average	Above Avg
<b>Flexibility:</b> Adaptability	Not known	Poor	Below Avg	Average	Above Avg

7. Please add any further comments you may have which would help in our evaluation.

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8. Do you know of **any reason** that this applicant should not work with minors or the intellectually or physically disabled, or serve as a volunteer with WMUNC?  
If yes, please explain.

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Your information:

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Thank you for completing this form!  
Please mail or fax to WMUNC, PO BOX 4249, Cary, NC 27519  
[slamkin@wmunc.org](mailto:slamkin@wmunc.org) Fax: 919-882-2349  
Questions: 866-210-8602



# WMUNC Volunteer Reference Form

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Applicant's Name: \_\_\_\_\_

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Your information:

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Thank you for completing this form!  
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