

WMUV Volunteer Mission Engagement Application

Dear Friend,

We are excited about the possibility of your participation in a mission experience with WMUV! 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 and abilities 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:

- ☐ Please complete the WMUV 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.
- ☐ Please complete the Medical/Health History and Authorization form.
- ☐ Please read the WMUV Short Term Mission Experience Policies and Expectations and sign acknowledging your commitment to these policies and expectations.
- ☐ Please give reference forms to 1) Non-Relative Pastor, Other Minister, or Church leader and 2) Non-Family Member and ask them to complete and return form directly to WMUV.
- ☐ Please complete WMUV Partnership Criminal Records Check Authorization online process. If an individual has any criminal history, this may prevent her/him from serving as a volunteer with WMUV.
- ☐ Trip insurance is required for international trips and encouraged for domestic trips. Information documents are attached. International insurance information is titled "Volunteer Travel Insurance" and domestic insurance information is titled "Travel Accident Benefits within US and Canada."

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 804-915-5000.

In God's service,

Laura Davis

Director of Missions Involvement
WMU of Virginia
2828 Emerywood Parkway
Henrico, VA 23294
Phone: 804.915.5000 Ext. 8301
E-mail: ldavis@wmuv.org



WMUV Volunteer

Mission Engagement Application

Please return all paperwork and fee(s) _____
Date

Short Term Mission Experience Location: _____ Short Term Mission Trip Dates: _____

I. Personal Information:

- ☐ Attach a copy of your Passport to your application if applying for an international trip. Attach a recent photo of yourself, preferably a head shot if applying for a domestic trip.

Legal Name: _____
Last (Legal name as it appears on Passport if available) First Middle

Current Address: _____

Phone number: (home) _____ (Cell) _____

Date of Birth: _____ Gender: _____ E-mail: _____

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?

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

3. Give a brief summary of your relationship with Jesus Christ. Include your story of accepting Christ as your Savior and what Jesus means in your daily life today.

III. References

List two adult references below who know you well, one church leader and one non relative. Please ask each one to fill out an attached reference form and mail/fax to WMUV by the designated date on the cover letter.

Name: _____ Phone #: _____ E-mail: _____

Name: _____ Phone #: _____ E-mail: _____

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):

Name of Medication

Dosage (Strength/Frequency

Reasons for taking medication

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, we also give our consent to all medical procedures diagnosed and prescribed by the attending licensed physician.

I also give my consent to his/her photograph being used in WMUV publications.

By affixing my signature below, I agree to hold harmless and indemnify Woman's Missionary Union of Virginia (WMUV) 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 WMUV and the Releasees.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



WMUV Short Term Mission Engagement Policies and Expectations:

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

Policies:

- ☐ You must submit the completed application AND a non-refundable registration fee listed in the information sheet 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 a 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. WMUV reserves the right to deny acceptance to any person for any reason.
- ☐ By submitting this application to be a part of a WMUV short-term mission team, you acknowledge that you are personally responsible to pay for, or arrange funding for your portion of the trip costs.
- ☐ Contact your doctor and/or search Center for Disease Control (<http://wwwnc.cdc.gov/travel/destinations/list/>) for information regarding vaccination recommendations. It is your responsibility to obtain all documentation and medical services needed for the trip. Passport and vaccination costs are not included in the trip cost and are the responsibility of the team member. We also recommend updated tetanus shots.
- ☐ 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:

- 1) 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 is in agreement.
- 2) Volunteers serving with minors or the intellectually or physically disabled shall not abuse said individuals, including:
 - ☐ Any direct observations or evidence of sexual activity in the presence of or in association with individuals;
 - ☐ Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct towards an individual;
 - ☐ Sexual advances or sexual activity of any kind;
 - ☐ Infliction of physically abusive behavior or bodily injury to an individual;
 - ☐ Physical neglect of an individual, including failure to provide adequate supervision in relation to the activities of WMUV.
 - ☐ Actions causing mental or emotional injury to an individual;



- ☐ The presence or possession of obscene or pornographic materials at any function of WMUV.
 - ☐ The presence, possession, or being under the influence of any illegal, illicit drugs;
 - ☐ The consumption of or being under the influence of alcohol while leading or participating in a function for individuals of WMUV.
- 3) Volunteers must treat *all* people with respect and consideration.
 - 4) Volunteers shall not use or tolerate the use of profanity in the presence of individuals.
 - 5) Volunteers must be free of physical and psychological conditions that might adversely affect any individual's health, including, but not limited to, contagious disease.
 - 6) Volunteers will portray a positive role model for individuals by maintaining an attitude of respect, loyalty, patience, courtesy, and maturity.
 - 7) Volunteers will be expected to act and react with Christian love and understanding in all situations.
 - 8) 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 own custodial responsibility.
 - 9) I understand that any violation of this code may result in my removal as a volunteer with the WMUV.
 - 10) I understand that I am a volunteer at will, meaning that either I or the WMUV may end the volunteer relationship at any time and for any reason.

Print Volunteer Name: _____

Date: _____

Volunteer's Signature: _____

WMUV Volunteer Reference Form

Non- Relative Pastor, Other Minister, or Church Leader Reference Form
CONFIDENTIAL

To be completed by the Applicant: **Short Term Mission Experience Location:** _____

Applicant's Name: _____

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

Signature: _____ Date: _____

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

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

1. How long have you known the applicant? _____

2. How well do you know her/him? Please check one:

☐ Very Well

☐ Fairly well, numerous personal contacts

☐ Casually, few 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 areas in which the applicant needs to grow most? (Weaknesses) What are some areas of strengths you see in the applicant?

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.

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

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

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 WMUV?

If yes, please explain:

Your information:

Name:

Phone:

 E-mail:

Relationship to the Applicant:

Signature:

 Date:

Thank you for completing this form!

Please mail or fax to : WMUV, 2828 Emerywood Parkway, Henrico, VA 23294

wmuv@wmuv.org Fax: 804.672.8008

Questions: 804.915.5000 Ext. 8266



WMUV Volunteer Reference Form

Non-Family Member Reference Form

CONFIDENTIAL

To be completed by the Applicant: **Short Term Mission Experience Location:** _____

Applicant's Name: _____

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

Signature: _____ Date: _____

To be completed by the Non-Family Reference:

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

1. How long have you known the applicant? _____
2. How well do you know her/him? Please check one:
☐ Very Well ☐ Fairly well, numerous personal contacts
☐ Casually, few personal contacts ☐ By name/sight
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(Continued)



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Judgment: Ability to analyze a problem	Not known	Poor	Below Avg	Average	Above Avg
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Your information:

Name:

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wmuv@wmuv.org Fax: 804.672.8008

Questions: 804.915.5000 Ext. 8266

WMUV Mission Partnership

Criminal Records Check Authorization

Background Checks are completed online at the following link:

womansmissionaryunion.quickapp.pro

1. Log in to the link above and enter the required information.
2. Read the information about the background check.
3. Submit an electronic signature.
4. Print a copy of the request for your records if you choose.
5. WMUV will receive the report but will not have access to either your social security number or your birthdate. This allows for greater protection of sensitive information.
6. Background checks are required for every volunteer age 18 and above.

Please contact WMUV with questions:

WMUV
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