

WLAS



short term teams

WLAS

NAME: _____



Short Term Trip To Mozambique

APPLICATION

Mozambique Outreach
PO Box 1020
Ashmore City Qld 4214
AUSTRALIA



MISSION TRAINING INSTITUTE

Congratulations

You are one of the special **people God has called** to be apart of this **short term team** to Mozambique.

We are excited for you and believe that you would not be here if it hadn't been or two important things:

1. **God called you to come**
2. **You obeyed the call**

Why would the Lord want you in Mozambique on this particular trip?

There may be many reasons, here are a few:

- He may need the **gifts, abilities and skills** he has given YOU, for this specific trip.
- He may need you to **befriend and encourage a particular person**, either on the team or in Mozambique, who will respond to the Lord because of your influence.
- He may want you to **overcome some fears** that you may have in your life.
- He may want to prepare you for a complete **change in direction** of your life.
- He may want you to come back from your trip to **inspire others**.

Of course there are **many other reasons** why the Lord may want **YOU** on THIS trip.

What ever those reasons are, we want to welcome you and encourage you that we will do our very best to prepare and train you for one of the most significant times in your life.

It will be unforgettable

Please prayerfully consider this possibility as you complete this application.

Explaining This Application

There are 3 parts to this application. Please complete all before returning.

Part 1: Application Form

Part 2: 2 Reference Forms – a) Pastor and
b) Third Party

Part 3: Waiver of Liability forms - a) over 18 year olds and
b) under 18 year olds



Spiritual History

- 1. Have you been baptized by full immersion in water since you believed. Yes / No
- 2. Limiting yourself to the space below, briefly describe your experience with Jesus, including what He has done **for** you and what He has done **in** you.

- 3. How has God used you in ministry with others?

- 4. What have your roles been in your church since becoming a Christian?

- 5. Do you personally agree with our statement of faith (Pg 10 of this application)? Yes / No

Personal History

- 1. Tell us about life growing up in your family.



2. How would you describe your overall temperament?
I.e. are you a leader, people person, detailed/particular, easy going, organised person?

3. Are you currently in good health? Yes _____ No _____

If no please explain

Health Insurance Carrier: _____ Policy #: _____

Physician: _____ Phone: _____

4. Special dietary restrictions/ Are you allergic to anything?

5. Have you used any mood-controlling or mind-altering drugs or prescribed medications in the last 3 years? _____

If so, please explain.



6. Please list your special skills and interests.

Language Skills

What is the language(s) spoken in your home _____

Current fluency? _____

2. Languages Studied - Language, when studied, current fluency?

Interpersonal Skills History

1. How do you deal with situations where you may disagree with others?

2. Describe a recent conflict that you have had with another individual.



How was the issue concluded?

Cross-Cultural Experience

1. Have you traveled out side your own country? Yes _____ No _____
2. If yes, where? _____ For ministry? Yes _____ No _____
3. Have you previously been on any mission trips and if so how long was it for?

4. Describe your experience in a different culture.

Enjoyment/Endurance Issues

1. What do you most enjoy doing?



2. Describe a difficult experience that you have gone through. How have you seen God at work in this experience?

3. What personal goals do you hope to achieve from your time in Mozambique?

- a. _____
- b. _____
- c. _____

References

Explain their relationship to you. Include a pastor.
(List name, address, phone, fax and/or email)

1. _____
2. _____
3. _____
4. _____

Two reference forms have been provided for completion; one by your pastor and the other by a reference of your choice.

Both reference forms must be returned with your application.



How do you relate to:

Working with a person of the opposite sex? _____

Working with some one younger than you? _____

Food

Are you prepared to eat food from another culture?

For example foods like: Rice, goat, beans, fish, local chicken, local vegetables, coconuts, local breads (Circle)

- 1. Prefer not to
- 2. If I must, I must
- 3. No problems

Situations

You are walking along a road alone and you see a crippled person, with sores on their body, torn, dirty clothes, using their hands to shuffle along the ground to get about.

What is your first reaction to this situation? _____

What is your first course of action? _____

What is your highest priority? _____

On a scale of 1 to 10: 1 being "Unbearable" and 10 being "Love the challenge", how would you rate the following situations on the mission field. Be honest please. (Circle your answer)

- | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|
| 1. No running water | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. No electricity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. Heat- temps over 39°C (102 °F) and high humidity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. Sleeping without a mattress | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5. No communication with the outside world for an undetermined time frame - eg no internet or phone. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 6. Living in close quarters with others whom you don't know for 3 weeks or more | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 7. The annoying habits of others – eg untidiness, snorting, coughing, eating habits, music tastes, different sleep hours, irritating personalities. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Weather and Climate

How do you handle daytime heat/ humidity (circle) 1. Hate it 2. Tolerate it 3. Love it

Tick which you prefer:

20 °C - 28°C (68 °F - 82 °F)

28 °C -32 °C (82 °F - 90 °F)

32 °C -40 °C (90 °F - 104 °F)

Being Alone

How do you handle loneliness?

Email a friend

Watch TV

Phone someone

Other: _____

Work Relationships

Have you worked under the authority of a person of the opposite gender? _____

Give example: _____

Have you worked under the authority of a person younger than yourself? _____

Give example: _____





STATEMENT OF FAITH

The Holy Scriptures – Their inspiration and infallibility.

The Godhead – Comprising the Father, the Son and the Holy Spirit.

The Lord Jesus Christ – His humanity, deity, virgin birth, sinless life, atoning death for the sins of the world, resurrection for our justification, ascension to the Father's right hand and personal return to reside upon earth.

Salvation – By faith in and confession of Jesus Christ as Lord, producing an upright and moral life.

The Ordinances – Water baptism, for all believers by immersion; the Lord's supper, celebrated regularly in remembrance of Christ.

Divine Healing – Secured for every believer through the atonement of Christ; and deliverance from all bondage to the power of Satan.

The Baptism in the Holy Spirit – With speaking in other tongues.

The Gifts of the Holy Spirit – For the equipment of the ministry and edification of the Church; the fruit of the Holy Spirit as the expression of Christian character in believers.

The Church Universal – Comprising all born again believers of all nations and denominations under the headship of the Lord Jesus Christ.

Bible Prophecy – Its fulfillment in world events, heralding the climax of this age and the return of the Lord Jesus Christ.



Mission Applicant Reference Form

Applicant's Name: _____

You have been asked to fill out a reference form for the above-named applicant for a short-term cross-cultural service project. Your honest opinions will be of the greatest help to your friend. Therefore, your thoughtful and candid response to the following questions will best enable us to assist him or her to make the most of this significant opportunity.

All information on this form will be kept in strict confidence.

1. What is your relationship to the applicant?

2. For how long and in what settings have you known the applicant?

3. Describe their general temperament and ability to relate to others within their own culture?

4. How do you think they would relate to others in an unfamiliar cross-cultural setting?



5. What do you see as their outstanding personal strengths?

6. What are areas in which you see opportunity for growth?

7. Please list others who know them well enough to comment on any of the above issues.



Mission Applicant – Pastor's Reference

Applicant's Name: _____

You have been asked to fill out a reference form for the above-named applicant for a short-term cross-cultural service project. Your honest opinions will be of the greatest help to your friend. Therefore, your thoughtful and candid response to the following questions will best enable us to assist him or her to make the most of this significant opportunity.

Name of Pastor: _____

Name of Church attending: _____

Is he/she in regular Fellowship? _____

How long have you known him/her? _____

Does he/she have a servant heart? _____

Would you consider this person to be of stable mind? Yes _____ No _____

Would you be happy to recommend this person for the mission field?

Can we contact you regarding his/her details? _____

Phone number: _____ E-mail: _____

Signature: _____

Please POST this form in the self addressed envelope provided or mail to Mozambique Outreach PO Box 1020 Ashmore City Qld 4214.

Alternatively fax to (617) 55 977 233

For any queries please call Mozambique Outreach on (61 7) 55 977 999 or email at moz@mozoutreach.org

THANK YOU



WAIVER OF LIABILITY

18 years and over

The requirement to sign the waiver is absolute in all Mozambique Outreach activities whether in Australia or else where.

Where the activity is one in which there will be any kind of physical activity indoors or outdoors, all attendees (adults or minors) are required to sign this waiver.

Please read before signing at the foot of this page.

WAIVER

I understand that I solely am responsible for my transportation to and from the activities.

In consideration of my attendance and participation in the activities of Mozambique Outreach, I acknowledge that certain activities undertaken may be regarded as dangerous and I hereby **waive** and release any claims and suits against Mozambique Outreach and its affiliates (howsoever constituted from time to time or activity to activity), its volunteers, employees and agents arising out of any and all injuries, damages or losses which I may sustain in any way from my participation in the activity including, without limitation, due to any negligent act or omission by Mozambique Outreach or by any agent, officer, volunteer or employee of Mozambique Outreach.

I also agree to indemnify and hold indemnified Mozambique Outreach and its said affiliates from any such claim or suits and costs and expenses relating to such claims and suits.

I confirm that this waiver of liability was given for valuable consideration and was received by me.

Name: _____
(Please print)

Signed: _____

Date: _____



PERMISSION AND WAIVER OF LIABILITY

Under 18 years of age

If you are under 18 years of age, you need the written permission of your parent or legal guardian to attend any function or event or activity sponsored or staged by Mozambique Outreach and/or by its affiliates, its volunteers, employees and agents.

The requirement to sign the waiver is absolute in all Mozambique Outreach activities whether in Australia or else where.

Where the activity is one in which there will be any kind of physical activity indoors or outdoors, all attendees (adults or minors) are required to sign this waiver.

PART 1 – PARENT OR GUARDIAN'S PERMISSION

I, _____
(print parent or guardian name)

here by give permission for my youth, _____
(print youth name)

to attend and to participate in the _____
(describe activity in detail including address)

(hereinafter called "the activity").

I understand that I solely am responsible for my youth's transportation to and from the activity. If necessary, **emergency medical** care may be obtained for the youth and I **undertake to accept** financial responsibility for same and to reimburse Mozambique Outreach (or such other person as directed by Mozambique Outreach and charges or costs incurred in connection with same. I also understand that Mozambique Outreach and its affiliates do not assume any responsibility for the activities or whereabouts of any youth before, during or after the activity.

Signed: _____

Date: _____



PART 2 – PARENT'S OR GUARDIAN'S DESIGNATION OF RESPONSIBILITY

I, _____
(print parent or guardian name)

will not be attending the activity described above and have designated

(print name of adult designee)
to attend same with my said youth and he/she shall be responsible for my youth during the said activity.

Designee's Acceptance of Responsibility

I, _____
(print name of adult designee)

agree to be the adult responsible for and accompanying the said youth during the said activity.

Signed: _____

Date: _____

PART 3 – PARENT’S OR GUARDIAN’S WAIVER OF LIABILITY

For parent/legal guardian of youth under 18 years of age.

In consideration of my youth/s attendance and participation in the activities of Mozambique Outreach, I acknowledge that certain activities undertaken may be regarded as dangerous and I hereby **waive** and release any claims and suits against Mozambique Outreach and its affiliates (howsoever constituted from time to time or activity to activity), its volunteers, employees and agents arising out of any and all injuries, damages or losses which my youth/s may sustain in any way from his/her participation in the activity including, without limitation, due to any negligent act or omission by Mozambique Outreach or by any agent, officer, volunteer or employee of Mozambique Outreach.

I also agree to indemnify and hold indemnified Mozambique Outreach and it’s said affiliates from any such claim or suits and costs and expenses relating to such claims and suits.

I confirm that this waiver of liability was given for valuable consideration and was received by me and my youth/s

Parent/Legal Guardian: _____
(print name)

Signed: _____

Date: _____

