

CHURCH OF THE ROCK

MISSION TRIP VOLUNTEER APPLICATION

OFFICE USE ONLY:

Date Received: _____

Staff Initial: _____

Year: _____ Month: _____ Country: _____

PERSONAL INFORMATION

Name _____
first middle last

Address _____
street/ PO box city/town province/state

_____ *postal/ zip code country email address*

Home Telephone (____) _____ Work (____) _____ Cell (____) _____

Date of Birth (mm/dd/yy) _____ Age _____

Place of Birth _____
city province state country

What is your first language? English Other (please specify) _____

Citizenship Canadian Other (please specify) _____

Passport Number _____ Passport Expiry Date _____

Gender Male Female *T-shirt size (men's cut): _____

Marital Status Single Married Widowed Divorced Re-Married Separated

Spouse's name _____ Spouse's Occupation _____

Number of children _____

Names & ages of children _____

CHURCH AFFILIATION

Name of home church _____ Denomination _____

Church telephone number (____) _____ Name of Pastor _____

Address _____
street/P.O. box city/town province/state

_____ *postal/zip code country email address*

Have you completed Church of the Rock's **Foundations** Course? Yes No Date Completed: _____

Have you completed COTR's **Plan to Protect Training**? Yes No Date Completed: _____

SPIRITUAL HISTORY

When were you saved? _____ When baptized in water by immersion? _____

When Baptized with Holy Spirit? _____ Do you speak in tongues? _____

EMPLOYMENT

Are you currently employed? Yes No How many hours do you work weekly? _____

Name of Company _____ Current Position _____

Name of Supervisor _____ Telephone Number of Supervisor (____) _____

OTHER SKILLS AND INTERESTS

LANGUAGES: Do you speak **Spanish**: fluently enough to get by a little not at all

Can you interpret English to Spanish? _____ (Y/N) Spanish to English? _____ (Y/N)

Do you speak **French**: fluently enough to get by a little not at all

Can you interpret English to French? _____ (Y/N) French to English? _____ (Y/N)

Other languages: _____ fluently enough to get by a little

_____ fluently enough to get by a little

(MEXICO ONLY): Are you willing to help drive? yes ____ no ____ Current Class of License held: _____

NATURAL SKILLS OR EXPERIENCE (e.g. Carpentry, mechanical, computer, office skills, etc):

Skill	Level of Skill			Past Experience
	Beginner	Average	Excellent	

MEDICAL SKILLS OR EXPERIENCE

Skill	Level of Skill			Past Experience
	Beginner	Average	Excellent	

PEOPLE SKILLS OR LEADERSHIP EXPERIENCE

Skill	Level of Skill			Past Experience
	Beginner	Average	Excellent	

PERFORMANCE SKILLS OR EXPERIENCE (e.g. vocal, instrumental, puppets, mime, drama)

Skill	Level of Skill			Past Experience
	Beginner	Average	Excellent	

ADMINISTRATIVE SKILLS OR EXPERIENCE (include financial, and clerical)

Skill	Level of Skill			Past Experience
	Beginner	Average	Excellent	

SPIRITUAL GIFTINGS AND EXPERIENCE (include areas of church involvement, gifts of the Holy Spirit that you regularly flow in, ministry skills or leadership situations and opportunities that you have been involved in.)

Skill	Level of Skill			Past Experience
	Beginner	Average	Excellent	

OTHER STRENGTHS OR SKILLS that you think you could contribute to the team or to the ministry in the destination country (e.g. Teaching ability, sports interest and skills, craft abilities, etc.) :

Skill	Level of Skill			Past Experience
	Beginner	Average	Excellent	

Describe what made you decide to come on this mission team, why you would like to be on this mission team, what you think this will do for you, for others on the team or for those in the destination country.

List some things about which God is presently challenging you, or give an area that God is presently ministering to you or encouraging you.

HEALTH INFORMATION

Have you experienced health problems or difficulties in any of the following? If "yes" give dates and medical intervention and/or personal management of condition.

Epilepsy No Yes:

Emotional problems No Yes:

Asthma No Yes:

Mental illness No Yes:

Eating disorder No Yes:

Back problems No Yes:

Hearing or vision loss No Yes:

Physical disability No Yes:

Prescription Medications		Date	
Drug Name, Strength and Frequency Taken	Condition Treated	Started	Last Changed
History	Details of Condition, Test or Treatment	Date	
Heart			
Brain			
Lungs			
Bowels/ Urinary			
Diabetes			
High BP			
Cancer			
Other			
Have you had a doctor's checkup in the past 18 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you had any surgeries in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain with dates:			
Do you have any tests or treatments recommended that haven't been completed yet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			

REFERENCES

List the two references other than family members whom have known you for at least one year and whom Church of the Rock may contact.

1. Pastor/ Small Group or Youth leader

Name _____ Position _____ Years Known _____

Mailing Address _____ City _____ Province/State _____

Postal/Zip Code _____ Phone (_____) _____ Fax (_____) _____

Email _____

2. A Mature Christian (excluding family and boy/girl friend)

Name _____ Occupation _____ Years Known _____

Mailing Address _____ City _____ Province/State _____

Postal/Zip Code _____ Phone (_____) _____ Fax (_____) _____

Email _____

APPLICATION CHECKLIST

- Attached (clear) photocopy of Passport
- Completed application form (pages 1-5)
- References (this page)
- Signature below (this page)
- Signature on "COTR LIFESTYLE AGREEMENT AND CODE OF CONDUCT"
- Signed and completed MEDICAL INFORMATION AND RELEASE FORM

I certify that to the best of my knowledge the information I have given on this application is complete and true.

Applicant's signature

Date

COTR LIFESTYLE AGREEMENT AND CODE OF CONDUCT

This agreement sets out standards that express loving faithfulness and service to Christ as a condition of service. With Church of the Rock, elders, volunteers, employees, directors, agents and voting members are expected to adhere to our code of conduct.

Church of the Rock rejects the following conduct, viewing it as being incompatible with biblical standards and values for personal lifestyle of anyone serving with Church of the Rock:

- a. **Abusive behaviour;** (*Lev 18; 1 Tim 5:22; 1 John 3:3*)
- b. **Breach of trust or confidence;** (*Matt 5:3, 19:18; Phil 4:8; 1 John 3:3*)
- c. **Criminal activity;** (*Ex 20:12–17; Matt 5:37; 1 John 3:3*)
- d. **Extra-marital sexual relationships** (adultery); (*Ex 20:1; Lev 18; Rom 7:3; 1 Cor 5:1–2, 9–13; Eph 5:3–5; Heb 13:4*)
- e. **Gambling behaviour** (habitual, compulsive or addictive); (*Prov 15:27a*)
- f. **Lying,** deceit or dishonesty; (*Matt 5:37, 19:18; Eph 4:25–29*)
- g. **Occultic practices** or adherence to or participation in occultic activities; (*Deut 18:10–11; Acts 13:6–9; Gal 5:19–21*)
- h. **Participation or involvement in pornography** including reading, viewing, or listening to pornographic material; (*Phil 4:8; Col 3:5; 1 John 3:3*)
- i. **Premarital sexual relationships** (fornication); (*Acts 15:29; Eph 5:3–5; Heb 13:4*)
- j. **Physical aggression;** (*Lev 18; 1 Tim 5:22; 1 John 3:3*)
- k. **Racist conduct** or expressing racist viewpoints; (*James 2:1–4; Col 3:10–11*)
- l. **Same-sex unions** or unions involving transsexual and transgendered individuals, practices and relationships, promotion or support of such activity or organization, or any other sexual activity or organization departing from biblical standards; (*Lev 18; Rom 1:26–27; 1 Cor 10:8*)
- m. **Substance abuse** including the abuse of alcohol and drugs; (*Phil 4:8; 1 Tim 5:22; 1 John 3:3*)
- n. **Sexual assault, abuse, or harassment;** (*Lev 18; 1 Tim 5:22; 1 John 3:3*)
- o. **Theft or fraud;** (*Ex 20:15, 17; Matt 5:37*)
- p. **Use of profane or abusive language;** (*Eph 4:29; Col 3:8*)
- q. **Other behaviours** or activities deemed inconsistent with biblical moral standards.

ENFORCEMENT OF LIFESTYLE AGREEMENT AND MORALITY STANDARDS

While the preceding list is not exhaustive, it does outline areas deemed inconsistent with Christian conduct and Biblical standards. Failure to abstain from the above conduct or conducting oneself in a manner inconsistent with the specific or general elements of this Lifestyle Policy and Code of Conduct may result in disciplinary action, up to and including dismissal.

The assessment of behavior as being inconsistent with these standards and values and the determination of the consequences for such behavior within the context of COTR is in the entire discretion of the governing elders of COTR.

The above are minimum standards, it would be expected for employees, volunteers, directors, agents and voting members to strive for even higher standards.

Disciplinary Action:

- Probation
- Monitoring
- Loss of membership, volunteer privileges, termination from staff or disfellowship (denied participation in church group activities)

I have read through the COTR Lifestyle Agreement and Code of Conduct and agree to comply with the standards and values that have been set out.

Name: _____ Signature: _____
(Please print)

Date: _____

CHURCH OF THE ROCK

MEDICAL INFORMATION AND RELEASE FORM

For Church of the Rock related Mission trip to (COUNTRY): **MEXICO** (DATE): **FEBRUARY 2013**

Name: _____ Home Phone #: _____

Cell Phone #: _____ Wk Phone #: _____ Birth Date: _____ Age: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Manitoba Health Reg. # _____ MB Personal Health I.D. # _____

Additional Health Coverage by: _____ Plan # _____

Are there any medical conditions, special dietary conditions or allergies that we should be aware of?

Immunization	Y/N	Date	Booster Date	Immunization	Y/N	Date	Booster Date
Hepatitis A				Tetanus/Diphtheria			
Hepatitis B				Typhoid			
Meningococcal meningitis				Yellow Fever			

My Passport Number is: _____ Expiration Date: _____

Name of present Medical Doctor: _____ Type of Doctor: _____

Clinic Name: _____ Phone #: (____) _____

Clinic Address: _____

PRIMARY CONTACT: In case of emergency please contact:

Name: _____ Relationship to you: _____

Home Phone #: _____ Work Phone #: _____ Alternate Phone #: _____

Address: _____

SECONDARY CONTACT: In case of emergency please contact:

Name: _____ Relationship to you: _____

Home Phone #: _____ Work Phone #: _____ Alternate Phone #: _____

Address: _____

I, _____, (name of person) understand that, in the event of a medical emergency, where medical treatment is required, every effort will be made to discuss my situation with me, my primary or my secondary contact. However, if not possible, I give full permission to the leader or a physician to provide the necessary medical care. Should any injuries occur to me, I will not hold liable Church of the Rock, the Leadership of Church of the Rock, Church of the Rock's Agents or the team members.

Signature: _____ Date: _____

As a participating member in this mission trip, I agree to comply with the directions and leadership of the Team/Church of the Rock and with Church of the Rock's Agents to enable the safe functioning of the events.

Signature: _____ Date: _____