



Volunteer Application

Date: _____

Thank you for your interest in Circle Tour 2014! Please complete the following application and submit by **October 18, 2013**. If more space is needed please use separate pages. This information will be kept confidential within the WAR, Int'l administration, and **does not commit** you to going.

We will be in touch with you soon with more details as they are obtained.

Name: _____ E-mail Address: _____

Address: _____

Home Number: (____) _____ Work Number: (____) _____ Cell Number: (____) _____

D/O/B: _____ Birth Country: _____ Have international travel experience: Yes / No

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

Passport #: _____ Date of Issue: _____ Date of Expire: _____

Are you (circle one): 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?

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

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

What is your interest in attending Circle Tour 2014?

What do you see as goals of this trip for you personally? What expectations do you have?

I am interested in using my abilities to help as it is appropriate: Yes / Not this time

** Possible opportunities: 1.) Special music for worship, 2.) hobbies (jewelry making, cards, etc), 3)medical/professional training, or 4) Other.*

We at WAR, Int'l really do consider you a part of the our team!

Church/Christian Experience

Name/denomination of church that you attend: _____

Address: _____

How long have you attended/are you a member? _____

Name/Phone Number of Pastor/leader: _____

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

***Please include in your returned application packet a reference letter from your pastor, small group leader, or etc.**

Write briefly how you became a Christian, and how you have grown spiritually since then:

Medical Information:

How do you rate your present health? (circle one) Excellent, Good, Fair, Poor

Explain any major illnesses you have had in the last five years:

* you will be asked to give a confidential medication list to a traveling nurse should you be on medications during the trip

Please tell us any medical conditions/physical limitations and or disabilities you think we should be aware of: * If you wish to share this with the designated nurse only, please indicate

Please 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. If you contribute to your own trip you will receive a tax deduction receipt for it. Further information on finances will be coming soon.

You will also be required to obtain emergency evacuation insurance prior to your departure. Travel insurance covering this is INCLUDED in the cost of the trip.

It is also necessary 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: _____

Signature: _____

Date: _____

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.

Signature: _____

Date: _____

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.

Participant Signature: _____

Print Name: _____

Date: _____

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.

Sign: _____

Date: _____

Emergency Contact Form

Circle Tour 2014

Participant Name:

Emergency Contact #1	
Name:	Phone Number:
Address:	
Email Address:	

Emergency Contact #2	
Name:	Phone Number:
Address:	
Email Address:	

Emergency Contact #3 (optional)	
Name:	Phone Number:
Address:	
Email Address:	