

# COLINA DE LUZ

Updated April 4, 2011

## CROSS CULTURAL TEAM MINISTRY INFORMATION PACKET 2013

P.O. Box 2969 – Chula Vista, CA 91912

Website: [www.ColinaDeLuz.org](http://www.ColinaDeLuz.org)

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Cell Phone, Best choice - 1 (619) 417 5662

Colina Office Phone: 01152 (664) 636 1022

Dear Group Leader

We look forward to seeing you and the team the LORD has chosen to bring with you. May this group be the best mission-minded team ever! After reviewing this packet please call or e-mail me if you have any questions. We hope this information will better equip you for the trip.

It will be a great blessing for us here at Colina if all the forms are filled out completely and the expectations are clearly understood by all group members. Your team will be given a tour and orientation upon arrival, and we'd be happy to answer any questions that have not already been answered.

Our expectations may seem a little long to some of your group members as you go over them. Our goal is to make sure that everyone understands the guidelines expected at Colina de Luz. It is our hope that this packet will help accomplish just that.

A couple of verses we believe The LORD would have us share with all who care to minister effectively is: 1 Corinthians 14:40, and says "Let all things be done decently and in order." Also 1 Corinthians 10:31 it says "whatever you do, do all to the glory of God." Together, we can glorify our LORD as we seek to reach out to the children and adults of Mexico.

We can have projects ready for you when your team arrives. Please call me several weeks before your arrival and let us "fine tune" your goals, and help you achieve them (if your funds are available on time). Outreaches can usually be planned for groups staying for four days or more. We hope this will be a life changing experience for all.

May the LORD richly bless you as you continue to serve and glorify HIM!

In HIS Service,

Jim Drake

*(Please send a copy of your Statement of Faith. Note: You need to submit one time only)*

# COLINA DE LUZ GROUP GUIDELINES

Colina de Luz is a Christian organization whose goal and purpose is to share the love of Jesus Christ with the people of Mexico by providing them care, food, and the Word of God. We have established these guidelines to ensure that we, as ministers of the Gospel, are as effective as we can possibly be.

Prior to your visit, we encourage your team to take the time to learn about various cultural characteristics of Mexico. Some of the areas that you might be interested in studying include: language, foods, dress, housing, family relations, religious taboos, mannerisms and thought processing. We highly recommend that you read and use as a teaching guide "Successful Mission Teams – A Guide for Volunteers" by Martha VanCise.

The more prepared your team is when you come; the more blessed the experience for everyone involved! May the Lord bless your servants' heart! Luke 22:27.

The following information is intended to assist your team with planning its cross-cultural outreach. Colina would like to encourage you to keep in mind our ultimate goal is to be a HILL OF LIGHT or as we say in Spanish "COLINA DE LUZ".

## GROUP CONDUCT

Your conduct will be a powerful witness and a reflection of your relationship with the Lord.

Positive group spirit, unity and an exemplary Christian lifestyle are critical to the effectiveness of your ministry. Many Mexicans have had little actual contact with Americans, and they will form their opinions of Americans, and Christians, based on what they see in you, whether it is good or bad. Many innocent comments and actions can be misunderstood by someone unfamiliar with the relatively casual American lifestyle.

Music is a controversial area. Much of the contemporary music popular with groups today ("Christian" or otherwise) is not appreciated by the Mexican Christian community. They may not understand the English lyrics, but they do understand the beat, the style and what it all conveys. To prevent possibly offending the Mexican people, we recommend that you bring your more conservative music and leave your other music behind.

We would ask all visitors to comply with our schedule and respect the curfew schedule which is to go in when the last bell rings. Curfew means that visitors must be in their living quarters and not visiting or playing in outside areas.

## MALE/FEMALE RELATIONSHIPS

Practices pertaining to courtship and romance provide one of the most noticeable differences between cultures. Hand holding and kissing or other public displays of physical affection can be offensive within the Mexican Christian Community. Therefore, to eliminate any chance of offence, we must insist that unmarried couples refrain from such activity during your stay here.

## DRESS CODE

The children at Colina like to imitate their American visitors; therefore, it is important that your clothing reflect Christian values. Conservative, modest, casual, neat and appropriate are key words in selecting your clothing.

Women can NOT wear tight or suggestive clothing, (including very tight or very loose shorts shorter than 3" above the knees) tube tops, halters or bathing suit tops, half or midriff or revealing shirts or bathing suits. It is best if a moderate dress or skirt/blouse combination is worn to church away for Colina or on an outreach. Jeans or walking shorts may be worn on work days.

Men MUST wear shirts at all times. Shorts no shorter than 3" above the knee may be worn on work projects. Jeans are fine to wear for work. Shirts with rock stars or beer advertisements, etc. are not appropriate.

## MEALS

We serve three meals a day at Colina. The largest meal is lunch. The \$10.00 or \$12.00 per day fee includes all meals whether you eat them here with us or not. As part of our preparation for your visit, Colina staff purchases additional food and hire additional kitchen help.

No cooking by visitors is allowed in the kitchen or any other rooms. Generally the kitchen is off limits to all Colina kids, staff and visitors who have not been assigned kitchen duty. **If any of your group has special dietary needs, please bring the needed food, a camping stove or use the microwave in the Group House kitchen.** The Colina kitchen and staff will not be available for this preparation.

## WATER

The water situation here in Baja is very limited therefore we conserve as much as possible. Showers must be taken with as little water as possible. Turn off the water to soap down; turn back on to rinse – 5 min. max.

You may wish to bring extra drinking water for your own group to ensure your personal needs are provided for although our drinking water standards are higher than most bottled water companies and is available to your group and included in the fee.

## LAUNDRY

Due to the lack of available washing machines, and the number of children and staff at Colina, we do not allow visitors to use the on-site laundry facilities. We suggest you bring clothing and towels for your stay; however, laundry facilities are available in La Gloria and Rosarito.

## ACCOMMODATIONS

Groups will normally stay in our Group House which comfortably sleeps 40. You should bring sleeping bags, pillows, toiletries and towels.

## **ELECTRICITY**

The electric bill is one of the biggest ongoing expenses we have at Colina. Please help us keep this down by turning off lights when you leave a room and by making minimal use of appliances.

## **TELEPHONE**

The Colina phone is for Colina business use only and is not available for use by visitors. (An exception to this would be an emergency call made by the team leader with our Director's consent.) A phone is available at the pharmacy in La Gloria. (They will charge you a substantial fee). A good option is to call your cell phone company before your trip and let them know that you want them to give you service in México.

## **MISCELLANEOUS ITEMS TO BRING**

Flashlight, Sunscreen, Insect repellent, Ear plugs (for sleeping). Personal Snacks, Sodas (Group House has refrigerator), paper towels

Your group should bring an emergency first aid kit. Individuals may also want to bring miscellaneous first aid items.

## **USE OF THE CHURCH/SCHOOL/ALL- PURPOSE BUILDING**

We ask visitors to please be role models and do not put their feet on the furniture. When furniture is moved, please move it with care and lift it when possible. The cabinets were specially built for our use. Please do not stand or sit on the counter tops. Please do not open closed cabinets, (materials are stored in them that are needed for the children's learning activities), or touch any of the sound equipment.

The VCR, television, piano and other musical or mechanical equipment is for the use of the orphanage residents and musicians only. Please do not use it unless given special permission by the Colina leadership.

No one is allowed upstairs unless you have first obtained permission from the Director. Children under 18 years of age are not allowed at any time upstairs without adult supervision. Please clean and leave the room/s in the same condition as you found it/them before you leave.

## **CHILD/VISITORS RELATIONSHIPS**

Do not enter the dorms unless you are on a tour or you have permission from the director (which is only available for the Chico's room). The dorms serve as bedrooms, as well as living quarters and we want to respect the privacy of all residents.

Colina children are not allowed in the rooms where visitors stay. Also, the children are not allowed in the trailer area without special permission.

Do not ask the children to accompany you off the grounds. Do not talk to any of the residents of Colina about moving or working in the U.S. Do not talk to any of the children about adoption. This is their Christian home. In general, Colina children are not adoptable.

Avoid any physical contact that could be considered inappropriate.

We prefer that you not give the children any money. This creates problems for the staff that care for them.

## **ABSOLUTELY NOT ALLOWED**

- \*\* Secular music (tapes or radio).
- \*\* Smoking on Colina property or on outreaches.
- \*\* Alcoholic beverages of any type on or off Colina property.
- \*\* Inappropriate videos, magazines, books, etc.
- \*\* Electric heaters, etc.
- \*\* Inappropriate physical contact with children.

### **All team members will be expected to adhere to all the rules!**

Upon your arrival at Colina de Luz, a brief orientation will be held to discuss specific rules, time schedules, and answer any questions you might have.

We sincerely appreciate your role in helping the Colina family run smoothly while you are with us and we hope your time at Colina will be enjoyable and blessed.

## **Attn: Team Leaders**

Please see that every member of your team understands all our rules and have each of them sign the "Commitment to Colina Rules and Principles" form to assure their understanding and commitment to adhere to all these rules.

**100% of the stay money and 100% of the project money is due two weeks before your arrival** This is needed to purchase your supplies. The remainder must be received upon your arrival.

Thank you for your Cooperation,  
Jim Drake - Colina Administrator



## TEAM LEADER CHECKLIST

- \_\_\_ Go over Group Guidelines with all Team Members
- \_\_\_ Send in completed Application
- \_\_\_ Send in check for 100% of stay and 100% of the project money with the Group Deposit form (pg. 10) two weeks before arrival
  - Make check out to Friends of Colina de Luz and send to:
  - Colina de Luz
  - P.O. Box 2969
  - Chula Vista, Ca. 91912
- \_\_\_ Line up some teachers for morning devotions with Colina kids and staff (optional)
- \_\_\_ Give copies of Colina maps to each driver

### TO BE BROUGHT WITH YOU!

- \_\_\_ One copy of Commitment to Colina rules – for Colina office
- \_\_\_ One copy for Colina office (each team member) of Emergency / Insurance Information form
- \_\_\_ One copy for Colina office (each team member) of Consent to Treatment form
- \_\_\_ Materials for dramas, crafts, puppets, teaching materials (if applicable)
- \_\_\_ Complete First Aid Kit
- \_\_\_ Team of committed Christians

# EMERGENCY & INSURANCE INFORMATION

## Colina de Luz Outreach

### Medical Information

Individual's Name \_\_\_\_\_

\_\_\_\_\_  
 Date of last Tetanus      Blood Type      Doctor's Name and Phone #  
 Please list any allergies, medications, illnesses or disabilities of the Team Member.

### Parents/Guardian Information

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City                      State                      Zip

\_\_\_\_\_  
 City                      State                      Zip

\_\_\_\_\_  
 Home Phone                      Work Phone  
**If parents cannot be reached, notify**

\_\_\_\_\_  
 Home Phone                      Work Phone

\_\_\_\_\_  
 Name  
**I have medical and accident insurance with:**

\_\_\_\_\_  
 Home Phone                      Work Phone

\_\_\_\_\_  
 Name of Company

\_\_\_\_\_  
 Policy No.

\_\_\_\_\_  
 Claim Office Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

\_\_\_\_\_  
**I have no medical or accident insurance, and I agree to pay any and all medical and/or dental expenses directly or indirectly related to my participation in the ministry and its related activities, including during the transportation to and from the event(s).**

**CAUTION: Read before signing: I HAVE READ AND AGREE TO THIS RELEASE:**

\_\_\_\_\_  
**Team Member's Name**

\_\_\_\_\_  
**Witness Name (please print)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Team Member**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Guardian** (Required for participants under the age of 18)

\_\_\_\_\_  
**Date**

**NOTE TO TEAM LEADERS: Please See That We Get A Copy From Each Team Member.**



# CONSENT TO TREATMENT

Colina de Luz Outreach

### Interested Parties

\_\_\_\_\_  
Name (herein "Team Member")

\_\_\_\_\_  
Church (herein "Organization")

\_\_\_\_\_  
Name (herein "Parent or Guardian")

\_\_\_\_\_  
Youth Leader (herein "Agent")

\_\_\_\_\_  
Name (herein Parent or Guardian")

\_\_\_\_\_  
Staff Member (herein "Agent")

### Consent to Treatment (To be completed regardless of age of team member)

I, \_\_\_\_\_ as (check one) the parent\_\_\_\_ the guardian\_\_\_\_ the team member\_\_\_\_, do hereby appoint and authorize Agent, acting as my/our medical attorney in fact and authorized agent, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, procedure or treatment and/or hospital care or service which Agent reasonably deems necessary and is rendered under the supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis, procedure or treatment is rendered at the office of such physician, surgeon or at said hospital.

It is understood that this appointment and authorization is made in advance of any specific diagnosis, treatment, or hospital care being rendered, and is given to grant authority and power as my/our attorney in fact to Agent, so said agent may give valid consent to any and all diagnosis, procedure, treatment or hospital care which any consulted physician, surgeon or medical staff of a licensed hospital may in the exercise of their best judgment, deem advisable.

I hereby authorize any hospital or medical care facility that has provided treatment to the Team Member to surrender physical custody of the Team Member to the Agent upon completion of treatment.

This appointment and authorization shall remain effective through \_\_\_\_\_ unless sooner revoked in writing and delivered to the Agent.

\_\_\_\_\_  
Signature of Team Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian  
(Required for participants under the age of 18)

\_\_\_\_\_  
Date

**NOTE TO TEAM LEADERS: PLEASE SEE THAT WE GET A COPY FROM EACH TEAM MEMBER.**

# GROUP DEPOSIT FORM

## Colina De Luz Outreach

P.O. Box 2969 – Chula Vista, CA 91912 Website: [www.ColinaDeLuz.org](http://www.ColinaDeLuz.org)  
Cell Phone, Best choice - 1 (619) 417 5662 Phone: 01152 (664) 636 1022

**Please fill this form out and send it with your check**

Group Name \_\_\_\_\_ Dates of Visit \_\_\_\_\_

**Stay Money**

Number of People \_\_\_\_\_ x Number of Days \_\_\_\_\_ x \$10 (if postmarked more than 2 weeks before to visit) = \$ \_\_\_\_\_

Number of People \_\_\_\_\_ x Number of Days \_\_\_\_\_ x \$12 (if postmarked less than 2 weeks before to visit) = \$ \_\_\_\_\_

**Project Money**

Amount for Project \$ \_\_\_\_\_

**Total**

Stay Money \$ \_\_\_\_\_ + Project Money \$ \_\_\_\_\_ = Total Money Due \$ \_\_\_\_\_

Total Included in this Check \$ \_\_\_\_\_

-Please note that 100% of the stay money and 100% of the project money is due 2 weeks before your arrival.