

COLINA DE LUZ

CROSS CULTURAL MISSIONARY APPLICATION 2013

Mailing Address - P.O. Box 2969 – Chula Vista, CA 91912

Website: www.ColinaDeLuz.org E-mail: J.Alan.Drake@gmail.com

Cell Phone, Best choice - 1 (619) 417 5662 Colina de Luz Office: 01152 (664) 636 1022
La Gloria, Tijuana, Baja California, México

Dear Missionary Applicant,

September 6, 2012

Thank you for considering serving as a Colina de Luz Missionary. We have enclosed a Christian Missionary packet for you to look over. Please feel free to contact me with any questions.

As you look over the packet, We don't want to discourage you in any way, but need to present a realistic picture for you. Being a missionary at Colina de Luz will very likely mean: hard work, long hours, no pay and perhaps little recognition, praise or thanks. It may seem that you are expected to "walk on water." Your life will be carefully watched by many children and some adults around you, to see if you really are someone sent by the Lord.

While you are here, you will probably go through trials and tribulations. You will find many times that working with children will be frustrating, tiring and disappointing. You may find that the other workers and missionaries are not always as spiritual as you may have expected them to be. You have to realize that living together with approximately eighty tired people, who are working under the same challenging conditions, can sometimes catch us at less than our very best.

If you wish to join us and are willing to serve wherever you are needed, then your help will be greatly welcomed. Our expectation is that you will be strong, cheerful and uplifting to the rest of those around you.

Please assess yourself carefully: if this sounds overwhelming, then perhaps God is calling you to a different ministry. We understand that God has given a variety of gifts to His people – a blessing indeed! Regardless of your decision, we thank you for your consideration. If this does sound like the kind of challenge to which God is calling you, then we would be interested in reviewing your application and consider having you help out and become a part of this ministry.

Many thanks, in HIS service,

Jim Drake
Administrator

COLINA DE LUZ

VOLUNTEER CHRISTIAN MISSIONARY APPLICATION

(Please include recent photo.)

Personal Information

1. Name _____

2. E-mail _____ Home Address _____

3. Telephone _____ Cell Phone _____

4. Birth Date _____ Birthplace _____

5. Occupation _____ Height _____ Weight _____

6. Marital Status _____ Living Together? _____

7. Full name of spouse _____ Birth Date _____

8. Full name of each child, if applicable (add sheet if necessary).

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

9. Home Church _____

Address _____ Telephone _____

Pastor's Name _____ Telephone _____

10. Present Employer _____

Address _____ Telephone _____

11. Previous Employer _____

12. Name, Address and Phone Number of three personal References:

1) _____

2) _____

3) _____

Educational Information:

1. High School, College or Bible School

1) _____

2) _____

3) _____

Highest Degree or Certificate Received: _____

Year Received _____ Major Field of Study _____

2. What training or practical experience have you had that might help you while volunteering at Colina? _____

3. On a separate sheet of paper list the following:

1. Which countries you have visited and how long you were there?

2. What ministry you did in each country?

4. How well do you speak Spanish? _____

Read Spanish? _____ Write Spanish? _____

Personal Health Information:

1. How is your health? Excellent _____ Good _____ Fair _____ Poor _____

2. Do you have any major physical ailments? Please describe: _____

3. Do you require special medical or dental services or medication? Describe: _____

4. Do you have any physical disabilities? Please describe: _____

Personal and Spiritual InformationOn a separate sheet of paper, type or print the responses to the following:

1. Describe your conversion experience (your born again experience).

2. Describe your present relationship with the Lord.

3. Where do you currently attend church and what affiliation is it?

4. How long have you been part of this fellowship and how often do you attend church?
5. Do you serve in a ministry in your church? If so, what do you do?
6. Do you serve in a ministry outside of your church? If so, what do you do?
7. What experience have you had in Christian service?
8. Do you have special talents or abilities to offer in Christian service? (i.e., music, art, mechanics, typing, teaching, etc.)
9. What area of ministry or work do you desire to serve in?
10. What religious books and Christian periodicals have influenced you the most?
11. What are your strengths? Weaknesses? Spiritual Gifts?
12. Do you have any financial obligations or debts?
13. Do you have any source of income for your support while serving in Mexico? Please list your sources and amounts of anticipated support, e.g.:

<u>Source</u>	<u>Amount</u>
Personal	_____
Family	_____
Friends	_____
Church	_____
Others _____	_____

14. Is there anything else that we should consider in reviewing your application for volunteer work?
15. When would you like to begin serving if you were accepted?

If accepted, I would like to serve beginning (date) _____

For (what period of time) _____

16. How did you find out about Colina De Luz _____

17. Print Name _____

Signature

Date

PERSONAL STATEMENT OF FAITH

In your own words, please comment on each of the following:

God, the Father _____

Jesus Christ _____

The Holy Spirit _____

Virgin Birth _____

The Second Coming of Christ _____

The Church and its Purpose _____

Heaven and Hell _____

Signature

Date

COLINA DE LUZ

EMERGENCY INFORMATION

Medical Information

Individual's Name _____

Date of last Tetanus _____

Blood Type _____

Doctor's Name and Phone _____

Please list any allergies, medications, illnesses or disabilities.

Emergency Contact Information

Name

Name

Address

Address

City State Zip

City State Zip

Home Phone Work Phone

Home Phone Work Phone

Relationship

Relationship

If Emergency Contacts cannot be reached, notify

Name

Home Phone

Work Phone

COLINA DE LUZ

INSURANCE INFORMATION

_____ I have medical and accident insurance with:

Insurance Information

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 transportation related to the ministry.

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

Volunteer's Name

Witness Name (please print)

Address

Address

Phone

Phone

Signature of Volunteer

Date

Signature of Witness

Date

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

Date

COLINA DE LUZ

CONSENT TO TREATMENT

Interested Parties

Name (herein "Volunteer")

Church (herein "Organization")

Colina de Luz staff or their designated representatives (herein "Agent")

Consent to Treatment

I, _____ do hereby appoint and authorize Agent, to acting as my 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 Volunteer to the Agent upon completion of treatment.

This appointment and authorization shall remain effective through Volunteer's previously agreed upon term of service unless sooner revoked in writing and delivered to the Agent.

Signature of Volunteer

Date

Signature of Witness

Date

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

Date

COLINA DE LUZ

RELEASE OF LIABILITY

WHEREAS, I _____ plan to serve with the Colina de Luz ministry and related activities sponsored by Colina de Luz.

WHEREAS, I recognize that the participation in such activities may be hazardous and dangerous.

NOW THEREFORE, in consideration of the privilege of participation extended to me by Colina de Luz, through its officers, agents, servants and employees, I do hereby, for myself, my heirs, executor and/or administrator, remise, release and discharge Colina de Luz, its officers, directors, principals, agents, servants, employees, heirs, administrators and assigns and/or representatives, from any and all claims, demands, causes of action or liabilities, specifically including claims, demands, causes of action or liabilities arising out of any negligent act by Colina de Luz or its officers, directors, principals, agents or servants resulting directly or indirectly in injury, damage, loss or death, to my person or property which may occur from any cause including, but not limited to serving individually or with others in the Colina de Luz ministry or related activities sponsored by Colina de Luz.

I understand that by signing this Release of Liability, I expressly and willingly agree to assume complete responsibility for any risk of injury or death that may arise from serving with the Colina de Luz ministry or related activities sponsored by Colina de Luz. On behalf of myself and my heirs, assigns and next of kin, I waive all claims for damages, injury or death sustained by me or my property. If I am injured from serve with the Colina de Luz ministry or related activities sponsored by Colina de Luz I will not hold Colina de Luz, its officers, directors, principals, agents, servants, employees, heirs, administrators, assigns and/or representatives responsible even if the injuries were caused by negligence on my part or that of Colina de Luz or any other party under or affiliated with Colina de Luz.

I do not have any physical, medical or mental limitation, ailments or disabilities that would limit or prevent me from serve with the Colina de Luz ministry, related activities sponsored by Colina de Luz or that would void Release of Liability.

I HAVE READ AND FULLY AGREE TO THE TERMS OF THIS RELEASE OF LIABILITY. I UNDERSTAND AND CONFIRM THAT BY SIGNING THIS RELEASE OF LIABILITY I HAVE GIVEN UP POSSIBLE FUTURE LEGAL RIGHTS. I HAVE SIGNED THIS RELEASE OF LIABILITY FREELY, VOLUNTARILY AND UNDER NO DURESS OR INDUCEMENT, PROMISE OR GUARANTEE OF ANY KIND. MY SIGNATURE IS PROOF OF MY INTENT TO EXECUTE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE FULLEST EXTENT OF THE LAW.

Signature of Volunteer

Date

Signature of Witness

Date

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

Date

COLINA DE LUZ

VOLUNTEER EXPECTATIONS

A Volunteer at Colina de Luz carries important responsibilities. You are an Ambassador for Christ and a representative of Colina to everyone you come in contact with. The impression you give people is a reflection on Colina. We care about how you conduct yourself at all times.

Here are some guidelines to help you set a Godly example to others:

Work Expectations

Job assignments will be made according to need and volunteer ability. Flexibility is essential. Hours will vary according to the job for that day/week. Some responsibilities require 24 hours "on call" availability.

Each staff member has his/her particular responsibilities. Staff that has 24-hour assignments will naturally have some "free time" during the day. Other staff members will be expected to work after devotions to 6:00 PM, depending on the assigned task(s).

Please keep in mind that not everyone has the same methods or priorities, and please respect others' job area ministries.

Conduct

It is important to be aware of the impression we are making. Loud and boisterous demonstrations of exuberance which are characteristic of youth in America are inappropriate in Mexico.

Cultural practices pertaining to courtship and romance provide one of the most noticeable differences between cultures. Hand holding, kissing, or other public displays of affection, or physical contact for non-married couples are NOT acceptable in the Mexican Christian community.

You are expected to stay out of dormitories unless you have a specific, office-approved reason to be there. This ensures accountability and provides needed privacy for all Colina residents.

Grievances

It is very important to resolve any differences you may have with other persons at Colina as quickly as possible. If you have a problem, talk to the specific person first to resolve the difference, before discussing the problem with any other individual. This is the Biblical approach and tends to prevent problems from escalating out of proportion.

If the difference is not resolved, contact Maria or Jim. As we are a family, we endeavor to solve all problems as they occur. Also, to show respect for everyone, "family" business (including information on the children's personal lives or other Colina residents or Colina policies) is not to be discussed with those outside Colina de Luz. You can refer anyone with questions to the office and we can offer appropriate information.

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. As a general rule, dress should avoid a sloppy appearance and be governed by a sense of modesty.

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, and bathing suits. A moderate dress or skirt/blouse combination should be worn to Church or on outreaches away from Colina. 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 not considered appropriate wear for church in Mexico, but they are fine to wear for work. Shirts with rock stars or beer advertisements, etc. are not appropriate.

Unusual hair styles, excessive jewelry or any wild or fad clothing is not permitted, as this can be offensive to the Mexican people. This is also a poor example to the children who must live by the Christian standards of their own country.

Living Quarters

Occasionally we have sleeping rooms and some small trailers available for volunteers to live in. At the time you submit your application to serve at Colina, discuss available space with the Director.

Meals

Colina provides three meals a day on a regular schedule. Dorm supervisors are asked to sit at the table with the children of their rooms and monitor their conduct. It is their responsibility to see that the children eat a reasonable portion of their meal and stack their plates and glasses before they all leave together.

Other staff members may need to help serve the tables at the afternoon and evening meals.

No personal preparation of food in Colina's kitchen is permitted. (You may check with the kitchen staff to see what the best time for you to use the kitchen is). Meals are not served to those who come late, unless they were occupied with approved Colina business.

Unless it is your day off, you are expected to eat and help serve meals in the dining room.

Medical Responsibilities

At this time, Colina de Luz cannot be responsible for any medical or dental expenses for the staff or their children. It is your choice as to what medical service you use. We have a free medical clinic on Saturdays that is available to all staff and their children.

Expenses

You should come prepared to meet your basic living expenses, i.e., food for your residence (if desired), gas, insurance, school costs (if you have minor children), and other personal items or clothing not available at Colina.

Financial Accountability

It is important that your finances are in order when you consider work on the mission field. If you have outstanding indebtedness, you will need to devise a plan to meet these obligations before entering the mission field.

You must raise your own support. We have guidelines available for you. The way you present your request for support to people in the United States before you come could reflect negatively on Colina. Please see volunteer support guidelines.

Days Off

Our weekly policy is as follows: one to two days off depending on the desire of the volunteer and the needs of Colina, your time off will be scheduled by the person in charge of the staff or job area. Exceptions may be arranged with the Director if your request is made sufficiently in advance. You may have one week vacation after your first year.

Church Attendance

We expect all Colina staff to attend Church with the children on Sunday evening and Thursday evening at Colina, unless otherwise scheduled. Also, all Colina de Luz staff is required to attend all scheduled staff devotions.

Minor Children

Minor children of staff (or all children living with their parents at Colina) are expected to adhere to all regulations and rules enforced for Colina children. Some examples are:

- Devotions and Church attendance
- Male/Female relationships
- Conduct
- Job responsibilities
- Dress code
- Curfew
- Scheduled homework/study/reading hour

Discipline is the responsibility of the parent. It may be necessary for the Director to discipline in cases of repetitive offenses.

Staff children have the same restrictions as do Colina children as to “off limits” areas, which include:

- Kitchen, when not scheduled for dishes
- Volunteer and Staff Housing
- Dorms
- Bodegas

Pharmacy Offices

The restrictions apply whether children are accompanied by their parent or not.

Use of Vehicles

You may want to bring your vehicle with you. If you do, you are required to have Mexican insurance and U.S. insurance if you plan to cross the border. Public transportation is available, both locally and to travel into the San Diego area.

Supplies

You must go through proper channels to obtain any supplies you need. The clothing bodega and the pharmacy are open, as scheduled.

The kitchen and food bodega is off limits.

It may be necessary for you to purchase some personal items that are either not available at Colina or that we purchase because they are not donated. General examples: coffee, sugar, drinks, and toiletries.

Offers of Assistance

If any visitor or other person asks you how they can assist the orphanage, materially or financially, always refer the person to Jim Drake who knows Colina's specific needs. Also, never ask visitors for any specific thing for you, personally, or for your ministry area.

Evaluations

Staff members are evaluated quarterly for their effectiveness in the Colina de Luz ministry.

Liability

I will not hold Colina de Luz nor its Administrator or Board of Directors responsible for any accident or for any other reason. Complete the Release Form on page 9.

SAVE THIS FOR FUTURE REFERENCE

COLINA DE LUZ VOLUNTEER EXPECTATIONS AGREEMENT

I have read the preceding Volunteer Expectations and will do my best to adhere to them during my stay at Colina de Luz.

Print Name

Signature

Date

COLINA DE LUZ POLICY FOR VOLUNTEER SUPPORT

Colina de Luz will provide each volunteer with food, electricity, and water at minimum cost of \$60.00 per person per month. Any amount given toward this cost is appreciated, but not mandatory. Money given above this will go to the general fund.

Due to limited facilities, housing needs are to be pre-arranged with the administrator of Colina de Luz.

It is the policy of Colina de Luz to not involve itself in financial matters beyond those mentioned above. This frees Colina de Luz from the handling of additional financial responsibilities and accounting.

All other areas of financial needs (such as medical insurance, clothing, transportation, etc.) as well as various taxes, deductions and other legal requirements are the responsibility of the volunteer and those providing support.

In an effort to establish accountability on the part of all parties, spiritually and legally, Colina de Luz requires a home church or support organization to oversee the financial matters of each volunteer. These matters are strictly between the volunteer and those providing support.

It is the responsibility of the volunteer to provide this information to those providing support.

Signature

Date

Please have your Pastor or Home Fellowship Leader complete the attached Letter of Reference form.

COLINA DE LUZ

VOLUNTEER APPLICANT – LETTER OF REFERENCE

***Please note that if the letter of reference is not received, application cannot be considered**

Letter of Reference for: _____
Print Name

Referred by: _____

Title/Position _____

Address _____

Relationship to Applicant _____

Length of time you have known the Applicant _____

How long has the applicant been an active Christian? _____

On a separate sheet of paper please describe the following:

1. The evidence you see in the Applicant's life of his/her commitment to follow Christ?
2. What gifts or ministries do you feel God has given the Applicant?

Place an "X" at the appropriate place on each scale. Mark the "?" if you feel your knowledge of the Applicant is insufficient in that particular area.

		LOW	AVERAGE	HIGH				
Responsibility	_____							
Ability to assume & carry out obligations	?	1	2	3	4	5	6	7
		Not Responsible	Somewhat Responsible	Responsible	Very Responsible			
Adaptability	_____							
Ability to adjust to changes in circumstances	?	1	2	3	4	5	6	7
		Much Difficulty	Moderate Ability To Adapt	Adapts Well	Very Adaptable			
Perseverance	_____							
Ability to move ahead in the face of adversity	?	1	2	3	4	5	6	7
		Does Not Persevere	Sometimes Perseveres	Usually	Almost Always			
Appearance & Manner	_____							
	?	1	2	3	4	5	6	7
		Careless	Fair	Good	Very Good			
Social Poise	_____							
Social demeanor or Confidence	?	1	2	3	4	5	6	7
		Lacking	Limited Confidence	Confident	Very Poised			

**Cooperation/
Teamwork**

	?	1	2	3	4	5	6	7
		Almost Unable To Work	Some Difficulty	Works Well	Extremely Effective			

Communication

Ability to present thoughts

	?	1	2	3	4	5	6	7
		Poor Communicator	Fair Ability	Good Ability	Outstanding Ability			

Spiritual Maturity

Demonstrates maturity & consistency

	?	1	2	3	4	5	6	7
		Very Immature	Somewhat Immature	Mature	Very Mature			

Church Involvement

Relationship to local church

	?	1	2	3	4	5	6	7
		Very Infrequent	Somewhat Involved	Active	Deep Involvement			

Emotional Stability

Response to stressful situations

	?	1	2	3	4	5	6	7
		Much Difficulty	Some Difficulty	Handles Well	Exceptionally Well			

Personal Ministry

Active, positive influence on others for Christ

	?	1	2	3	4	5	6	7
		Does Not Conduct	Limited Ability	Active	Exceptional Ability			

Leadership (evident)

Concrete evidence of ability to direct, guide others to Jesus

	?	1	2	3	4	5	6	7
		Almost Never Leads	Leads On Occasion	Leads Often	Exceptional Leadership			

Leadership (potential)

Concrete evidence of ability to direct & guide

	?	1	2	3	4	5	6	7
		Low Potential	Some Potential	Good Potential	Exceptional Potential			

Have you discussed your comments with the Applicant?

Yes _____ No _____

Has the Applicant seen the completed reference?

Yes _____ No _____

Signature _____ Date _____

Please mail to: Colina de Luz, P.O. Box 2969, Chula Vista, CA 91912, or give to the applicant in a sealed envelope. Thank You.

MISSIONARY APPLICATION CHECKLIST

FORMS TO BE BROUGHT WITH YOU

- ___ Completed Volunteer Missionary Application with picture
- ___ Personal Statement of Faith form
- ___ Copy of Emergency Information form
- ___ Copy of Insurance Information form
- ___ Copy of Consent to Treatment form for Colina office
- ___ Copy of Release of Liability form
- ___ Copy of Volunteer Expectation Agreement form
- ___ Copy of Policy for Volunteer Support
- ___ Letter of Reference (to be brought with you in a sealed envelope or mailed in by person referring)