

# COLINA DE LUZ

## CROSS CULTURAL SHORT-TERM MISSIONARY APPLICATION 2019

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

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La Gloria, Tijuana, Baja California, México

**Dear Missionary Applicant,**

**Thank you for considering serving as a Colina de Luz Short-Term 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 or praise. 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 as you find working with children can sometimes 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 SHORT-TERM MISSIONARY APPLICATION

This application is for those who want to serve for 2 weeks or less. If you are looking to serve for a longer period of time please see the long-term 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 \_\_\_\_\_

1. What training or practical experience have you had that might help you while volunteering at Colina? \_\_\_\_\_

2. 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 Information**

- 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. What are your strengths? Weaknesses? Spiritual Gifts? What ministries have you served in?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is there anything else that we should consider in reviewing your application? \_\_\_\_\_

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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 briefly 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

## MISSIONARY 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 until 6:00 PM or whenever required for 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 may 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. For all church services at Colina, a moderate blouse and pant, or skirt combination should be worn. For church services outside of Colina, a dress or moderate blouse and skirt combination should be worn. 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. A nice, clean pair of jeans is considered appropriate wear for church both inside and outside of Colina. 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 some sleeping rooms 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.

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 your 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, and other personal items or clothing not available at Colina.

## Financial Accountability

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 raise support in a way that brings glory to God.

## Days Off

Our weekly policy is as follows: one day off for single volunteers, two days off one week for married volunteers. 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.

## 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. (Note: Devotions are optional on your day off)

## 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 some 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.

### 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 provides each volunteer with food, electricity, and water.

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.

		<b>LOW</b>		<b>AVERAGE</b>		<b>HIGH</b>		
<b>Responsibility</b>	_____						_____	
Ability to assume & carry out obligations	?	1	2	3	4	5	6	7
		Not Responsible	Somewhat Responsible	Responsible	Very Responsible			
<b>Adaptability</b>	_____						_____	
Ability to adjust to changes in circumstances	?	1	2	3	4	5	6	7
		Much Difficulty	Moderate Ability To Adapt	Adapts Well	Very Adaptable			
<b>Perseverance</b>	_____						_____	
Ability to move ahead in the face of adversity	?	1	2	3	4	5	6	7
		Does Not Persevere	Sometimes Perseveres	Usually	Almost Always			
<b>Appearance &amp; Manner</b>	_____						_____	
	?	1	2	3	4	5	6	7
		Careless	Fair	Good	Very Good			
<b>Social Poise</b>	_____						_____	
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 Short-Term 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)