



Application for Ministry With Dynamic Women in Missions



Dynamic Women in Missions
PO Box A
Greenwood, IN 46142-6599
Telephone: 317.888.3333
FAX: 317.885.4933
dwinmissions@onemissionsociety.org

This application form obligates neither you nor OMS. The form is designed to gather information that will help us advise you about possibilities for association with OMS. Prospective participants will receive consideration without discrimination because of race, sex, age, marital status, national origin, physical impairment or veteran status. Questions related to these matters are used for a legally permissible reason, including ministerial or business necessity, or occupational qualification.

Please type or print and use BLACK ink.

Today's date _____
Name (as it appears on passport) _____
Nickname _____
Citizenship _____ Residency _____
Date of birth _____
Passport number _____ Issued where? _____
Passport expiration date _____

Please attach current photo if submitting a paper copy. Please send photo as a jpeg file if submitting via email.

(optional)

Please send us a clear photocopy of the picture page of your passport.

Emergency contact information:

Name _____
Relationship _____ Telephone _____
Address _____

Have you ever been convicted of a felony? Yes No If yes, please explain:

While ministering with Dynamic Women in Missions, you may not use tobacco, alcohol or recreational drugs.

Are you willing to abide by this policy? Yes No

Please answer all questions below that apply.

Home address _____
City, State, Zip _____
Home telephone _____ Email address _____
Occupation _____ Work telephone _____
Marital status _____ Spouse name _____
Name of church _____
Name of pastor or missions outreach director _____
May we contact your pastor or missions director to let them know how to pray for you on this trip? Yes No
Church address _____ Phone _____
How long have you attended this church? _____
Briefly tell us how you currently serve in your church and/or para-church organization. _____

Have you accepted Jesus Christ as your personal Lord and Savior? Yes No If yes, when? _____

Mission trip team for which you are applying _____

We Want to Get to Know You Better

Please answer the following questions:

1. After reviewing the itinerary, please share in detail what interests you the most.
2. How would you like God to use you on this trip?
3. Please tell us about any mission trip you have been a part of and what meant the most to you on that trip.
4. How might your gifts be used on this trip?
5. List any languages in which you are fluent.
6. Have you lived in or visited the host country? Yes No
7. Please finish this sentence: "After experiencing this mission trip, I would like to..."
8. Please be sure to fill out the form, "Tell Us About Yourself," to share with us your interests, hobbies or ministries you are willing to contribute to the team.

My Faith

Please share how you came to faith in Christ and the difference He has made in you life.

Releases

Please type or print and use BLACK ink.

Name _____ Date _____

Your Responsibility To be completed by all applicants

As a participant of Dynamic Women in Missions, you will not only be representing your country overseas, but also your Lord Jesus Christ, your local church, those who have made the mission experience possible, One Mission Society (OMS) and the general Christian population of your home country. You will be allowed into your host country by invitation of that government, the national church, and the missionary body. **How you act and react to different cultural situations and other team members will cause people in your host country to form opinions about you, OMS, Christian values and your home country.**

By accepting the challenge of participating in Dynamic Women in Missions, you are expressing your willingness to honor the authority of OMS leaders and the wishes of the national church to exemplify a cooperative spirit of love and unity. Your signature indicates a clear understanding and consent to the above standard of conduct.

Finances

Dynamic Women in Missions will make all international and domestic travel arrangements as well as domestic motel reservations necessary at the port of departure and will provide all needed information regarding passports, visas, inoculations, baggage requirements and finances.

Funds received by One Mission Society for the purposes of Dynamic Women in Missions may or may not be a charitable contribution, depending on the nature and purpose of the trip. However, OMS will provide an appropriate acknowledgment that funds have been received. Each ministry team participant is responsible for contacting individuals to provide her own financial support, including international and domestic travel, in-country living expenses, insurance, orientation and departure costs. All funds must be submitted to OMS a minimum of 14 days prior to departure. OMS will provide a tax-deductible receipt to donors for those Dynamic Women in Missions participants whose overseas experience qualify for tax deductions.

All funds become the property of One Mission Society, according to regulations governing tax-receipted funds of not-for-profit organizations.

Consent and Release Agreement

Foreign travel, by its very nature, offers an unfamiliar and unique environment, and risks of injury to both persons and property are inherent. I understand that by my participation with Dynamic Women in Missions, I am indicating acceptance of these risks. I consent to and authorize One Mission Society to obtain and secure reasonably necessary medical or surgical treatment for me in the event of an emergency.

In consideration of my being accepted for participation in the program, I hereby voluntarily release and agree to hold harmless and indemnify One Mission Society and each of its employees, directors, officers and agents from and against any and all liability, claims, demands, actions, damages, expenses and costs, including attorneys' fees, loss and judgments of whatsoever kind and nature which may result from or arise out of my participation, whether or not resulting in whole or in part from my negligence, acts or omissions, or from the acts or omissions of One Mission Society or its employees, directors, officers and agents, excepting only such injury or damage resulting from the willful or negligent acts of such employees, directors, officers or agents.

I am aware that basic accident and sickness insurance coverage is provided as part of the program but that this insurance may not cover all situations. Furthermore, I understand that there is no personal property insurance provided through the program and that such insurance is considered a personal responsibility of each person participating in the program.

Applicant's signature _____ Date _____



Parental/Guardian Consent and Release Agreement

To be completed by parent/guardian of all applicants under 21 years of age
Please type or print and use BLACK ink.



I, _____, hereby give my consent for my daughter, _____, to travel to one or more fields of One Mission Society on a Dynamic Women in Missions mission assignment. I do so with full awareness that foreign travel, by its very nature, offers an unfamiliar and unique environment and that risks of injury to both persons and property are inherent. In case of a medical emergency, I understand that every effort will be made to contact parents or legal guardians of participants in the program. In the event that I cannot be reached, I consent to and authorize One Mission Society to obtain and secure reasonably necessary medical or surgical treatment for my child.

Medical conditions of which an attending medical doctor should be aware:

Medications being taken or used of which an attending medical doctor should be aware:

Minor's physician _____ Phone _____
Complete address _____
Health/accident insurance company _____
Policy holder's name _____
Policy number _____

I authorize this physician to release to medical information listed on the medical statement to One Mission Society for the express purpose of participating in an overseas missions program.

In consideration of my child's being accepted for participation in the program, I hereby voluntarily release and agree to hold harmless and indemnify One Mission Society and each of its employees, directors, officers and agents from and against any and all liability, claims, demands, actions, damages, expenses and costs, including attorney's fees, loss and judgments of whatsoever kind and nature which may result from or arise out of the participation by my child, whether or not resulting in whole or in part from the negligence, acts or omissions of my child, or from the acts or omissions of One Mission Society or its employees, directors, officers and agents, excepting only such injury or damage resulting from the willful or negligent acts of such employees, directors, officers or agents.

I am aware that basic accident and sickness insurance coverage is provided as part of the program but that this insurance may not cover all situations. Furthermore, I understand that there is no personal property insurance provided through the program and that such insurance is considered a personal responsibility of each parent or legal guardian of a child participating in the program.

Parent/guardian's signature _____ Date _____
Address _____
Home phone _____ Work phone _____
Cell phone _____



Authorization to Release Medical Information

To be completed by all applicants



I authorize my physician to release the medical information listed below to One Mission Society for the express purpose of participating in a missions assignment.

Personal physician's name _____ Phone _____

Complete address _____

Health accident insurance company _____

Policy holder's name _____ Policy number _____

Applicant's signature _____ Date _____

MEDICAL STATEMENT

To be completed by applicant's physician

Patient's name _____ Age _____

Please answer the following questions:

1. Are there any restrictions on activities? Yes No If yes, please describe:

2. Is this patient undergoing medical care at this time? Yes No If yes, would emergency hospitalization be necessary in the event the patient did not maintain her present level (which is assumed to be satisfactory) of response to the medical care? Yes No

Describe any medical conditions of which an attending medical doctor should be aware.

Does this patient have any physical, mental, neurological or psychological conditions? Yes No

Describe: _____

List any medications being taken or used of which an attending medical doctor should be aware.

Does the patient understand the side effects of all prescription drugs that she will need during her overseas travel?

Yes No

3. Date of last medical examination: _____

4. Do you know what type of travel the patient is planning? Yes No

5. Date required inoculations and/or anti-malarial medication (if required) were administered. _____

List inoculations _____

Date of last tetanus shot or booster _____

Doctor's signature _____, M. D. Date _____