

WINDOW OF HOPE NEW APPLICANT CHECKLIST

Please complete the application and return to:

WINDOW OF HOPE
39506 N. Daisy Mountain Drive Suite 122-619
Anthem, AZ 85086
Phone: (623) 551-9570
Fax: (623) 551-9571

ITEMS REQUIRED:

- Application form completed and signed with a passport sized photo attached
- Notarized Assumption of Risk Form
- Copy of current unexpired passport (passport must be valid for 6 months beyond anticipated return date of the selected trip)
- Copy of current professional license to practice (if medical professional)
- Check for the amount of required deposit
(Deposit equals the cost of airfare. Keep in mind that all costs are subject to change until deposit is received and airfare is purchased)
- 3 completed references returned in sealed and signed envelopes
- Please indicate the trip you are applying for:

Country _____

Dates _____

WINDOW OF HOPE SHORT TERM MISSION PARTICIPANT APPLICATION

Name _____ Sex Male Female

Date of Birth (Month/Day/Year) _____

Citizenship USA Other _____ (list country)

Home Address: _____

Email Address: _____ @ _____

Home Phone: () _____ Daytime Phone: () _____

Fax: () _____

Marital Status: Single Married Widowed Divorced

Name of Spouse: _____

.....

Occupation _____

If Health Care Professional List Specialty _____

.....

Have you ever traveled outside of the U.S. and Canada? Yes No

To Which Countries Have you traveled?

Do you have a passport? Yes No

From what country? _____ Where Issued _____

Passport Number

Expiration Date _____

Please list the closest major airport(s) to your home _____

ATTACH
PASSPORT SIZED
PHOTO
HERE

Emergency Contact:

Name _____ Relationship _____

Daytime Phone () _____ Nighttime Phone () _____

Address _____

Email: _____



EDUCATION:

High School/College/Professional City, State Dates Attended Diploma/Degree Granted

In addition to English, what languages do you speak? _____

How well (Fluent, Intermediate, etc.?) _____



REFERENCES: (Required to have your pastor and present employer with name, address and phone)

1. _____

2. _____

3. _____



Are you a born again Christian? Yes No Do you regularly attend church? Yes No

Name of Church _____ Denomination _____

Name of Pastor _____ City, State _____

DOCTRINAL BELIEFS:

Window of Hope Believes:

1. The Bible to be the inspired and only infallible and authoritative Word of God.
2. That there is one God eternally existent in three persons: God the Father, God the Son, and God the Holy Spirit.
3. In the Deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal future return to this earth in power and glory to rule a thousand years.
4. In the Blessed Hope, which is the rapture of the Church at Christ's coming.
5. That the only means of being cleansed from sin is through repentance and faith in the precious, atoning blood of Christ.
6. That regeneration by the Holy Spirit is absolutely essential for personal salvation.
7. That the redemptive work of Christ on the cross provides healing of the human body in answer to believing prayer.
8. That the baptism of the Holy Spirit according to Acts 2:4 is a distinct and separate work from salvation and is given to believers who ask for it.
9. In the sanctifying power of the Holy Spirit, by who's indwelling the Christian is enabled to live a holy life.
10. In the resurrection of the saved and the lost, the one to everlasting life and the other to everlasting damnation.

WINDOW OF HOPE CODE OF CONDUCT AGREEMENT

1. I agree at all times to abstain from the use of alcohol, tobacco products and illegal drugs.
2. I agree to submit to the authority of the Window of Hope leadership, which may include individuals younger than me.
3. I agree not to make any decisions on my own without consulting with the Window of Hope leadership.
4. I acknowledge that I do not have expert cross-cultural skills and as such need to follow the guidance and directives of the Window of Hope leadership. I also acknowledge that some decisions may not make sense to me culturally.
5. I agree to act at all times in a many worthy of the banners under which I/we will be operating. This includes the banner of the Christian church, the banner of my host country and ministry, my own personal banner and the banner of Window of Hope. I agree to strive at all times to keep from compromising the excellent reputation of Window of Hope.
6. I agree to strive to be punctual at all times.
7. I agree to be honest at all times.
8. I agree to operate with a humble spirit and to be flexible, adaptable and, if necessary, self-sacrificing for the greater good of the team and of our host receivers.
9. I agree that I will try to maintain a positive attitude at all times and to try to avoid being negative, unforgiving or sullen.
10. I agree to be willing to receive correction and to work toward a positive result if conflict arises, even if this means not getting my way. I agree to accept the final decision of the Window of Hope leadership should any conflicts arise.

Window of Hope is a medical and humanitarian mission organization whose reason for being is to provide relief of human suffering through quality medical care, and to facilitate the local church to share the Gospel of Jesus Christ to those in the world who have not yet heard. In understanding and appreciating the evangelistic and charismatic thrust of this mutual design, I agree (by my signature below) that I will respect the Window of Hope Doctrines (I may have personal differences with them or believe some things differently). I understand that Window of Hope reserves the right at any time to end my participation for any cause deemed justified by the team leader(s), and that I will then be released on my own, with all inherent risks, to return home and incur any additional expenses that this may create. I attest by my signature below that all information provided on this form and the accompanying required assumption of risk release is truthful.

Signature _____ Date _____

Print Name _____

WINDOW OF HOPE

ASSUMPTION OF RISK AGREEMENT

FOR VOLUNTARY SHORT-TERM MISSIONARY SERVICE

I, _____, in consideration of the acceptance of application for volunteer service on behalf of Window of Hope represent that I am at least 18 years of age (or if a minor have parent/guardian signature below), and I further represent and agree as follows:

1. I am aware of the hazards and risks to my person and property associated with overseas medical and humanitarian missionary activities for which I am applying and/or will apply for in the future. I understand that such risks are outlined in scripture in 2 Corinthians 11:23-28 (NIV) below with comments in brackets:

Are they servants of Christ? (I am out of my mind to talk like this.) I am more, I have worked much harder, been in prison more frequently, been flogged more severely, and been exposed to death again and again. Five times I received from the Jews the forty lashes minus one [Paul was Jewish]. Three times I was beaten with rods, once I was stoned, three times I was shipwrecked, I spent a night and a day in the open sea, I have been constantly on the move. I have been in danger from rivers, in danger from bandits, in danger from my own countrymen, in danger from Gentiles; in danger in the city, in danger in the country, in danger at sea; and in danger from false brothers. I have labored and toiled and have often gone without sleep; I have known hunger and thirst and have often gone without food; I have been cold and naked. Besides everything else, I face daily my concern for all the churches.

In addition I acknowledge that such hazards and risks include but are not limited to:

- a. Injury or death by accident, including via air, land or water and the possibility of automobile accidents with foreign drivers and the use of antiquated vehicles or by riding in the back of an open pick-up truck or use of public transportation
- b. Heat related illness and injury
- c. Acquiring an infectious disease including hepatitis, HIV/AIDS, malaria, cholera, etc.
- d. Terrorist acts, acts of war, criminal acts, acts of random violence, political or religious unrest, kidnapping and ransom demands and the possibility of failed or impossible negotiations with captors. It is the policy of Window of Hope to place a high value on the safety of its team members, staff and families. In the event of kidnapping or hostage taking all reasonable steps will be taken to secure the safe release of the hostage(s). It is the policy of Window of Hope that only Window of Hope team leaders will direct the negotiation with kidnappers/hostage takers and that family members understand that circumventing this process may bring chaos and promote harm to their loved ones and other team members. At no time will ransom or concession occur if it might jeopardize the safety of other team members, restrict their evacuation or flight, or if such concessions might reasonably be construed to cause or contribute to the probability that future similar events will occur or future ransoms be demanded or paid.
- e. Natural Disasters and aberrant weather conditions such as floods, hurricanes, volcanic eruptions, wind storms, mudslides, lightning strikes, etc.
- f. Inadequate medical services and supplies, including substandard blood testing increasing the risk of transfusion related transmission of infectious diseases including HIV/AIDS
- g. Emotional stress and post traumatic stress disorder from trauma encountered on the trip or by witnessing the extremes of poverty, abuse and desperate conditions of the third world
- h. Loss of personal information at home or abroad

I volunteer my services on behalf of Window of Hope freely and voluntarily despite such hazards and risks, and I assume the risks of death, injury, illness, financial expense and all other damages potentially associated with such risks. I also understand that no list of possible risks is exhaustive and additional unlisted and unforeseen dangers or risks could arise during my participation with Window of Hope. I also understand that any emergency medical or trip insurance provided for me by Window of Hope is provided as a convenience and is not my legal right or expectation. I also agree that I and I alone assume responsibility for my actions and for adequate trip, travel, medical, disability and liability insurance.

2. I attest and verify that I am physically fit and have no medical or mental health condition(s) that would prevent me from performing the volunteer services for which I am applying.

3. I waive any and all claims for any damages alleged or proven, which I or my family may incur, or in the future may discover, against Window of Hope, its team leaders, staff, officers and board of directors, starting from the date of this release until the end of time. I also agree that all of the risks and waiver of liability have been discussed with, and

implied consent obtained from, my spouse or equivalent and any and all dependents or heirs, such that they understand they will have no claims against Window of Hope, its team leaders, staff or board of directors.

- 4. I understand that during my volunteer service, photos, videos and audio recordings may be taken in public places of ministry and other activities with Window of Hope. I agree to release all rights or claims to my image or the use of my image, or to intellectual or property rights to said recordings. I also agree by my signature below that Window of Hope may use said recordings for promotion of its charitable organization and causes. I also agree that any such recordings taken by me and given voluntarily to Window of Hope may be used for the same purposes, and I release all rights or claims to my image or to intellectual or property rights of these voluntarily released recordings.
- 5. By my signature below I consent to the release of information from my chosen references directly to Window of Hope. I also understand that such references are providing information to Window of Hope confidentially and I waive my right to review such information.
- 6. I hereby authorize Window of Hope, its team leaders or designee(s) to seek medical treatment on my behalf and provide for temporary medical and legal power of attorney, but only during such time as I may be incapacitated and while travelling on a Window of Hope trip. This power of attorney is not valid at any other time or under any other circumstances.
- 7. I agree to follow the laws of any foreign country into which I am travelling and acknowledge that my rights as a U.S. citizen are not the same outside of the U.S.A. I agree that any legal issues that arise involving myself including traffic tickets, arrest, accusations, incarceration or prosecution is my own responsibility and not that of Window of Hope, its team leaders, staff, officers or board of directors. I agree that it will be my responsibility to pay for any such happenings, hiring of legal counsel or payment of fines or judgments including by jail or prison time, regardless of the costs involved or loss of personal freedom or length of time of the same.

I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK. I UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. I ATTEST THAT I HAVE HAD AN OPPORTUNITY TO ASK ANY NECESSARY QUESTIONS PRIOR TO SIGNING THIS FORM AND THAT ALL SUCH QUESTIONS HAVE BEEN ANSWERED TO MY COMPLETE SATISFACTION. I UNDERSTAND THAT MY SIGNING WILL CREATE A BINDING LEGAL DOCUMENT. I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING THIS DOCUMENT.

Signature of applicant named above Printed Name Date

If applicant is a minor, check here and by checking this box I, as parent or legal guardian, assume all risks and agree to all of the above. I do so on behalf of the above named minor, and I hereby release any and all claims against Window of Hope, its team leaders, staff, officers and board of directors, by said minor, by myself, by my spouse and the family of the minor, from the date of this release until the end of time.

Signature of Parent/Legal Guardian Printed Name Date



NOTARY

STATE OF _____ COUNTY OF _____

On this, the _____ day of _____, 20_____, before me,

_____, A Notary Public in and for said State personally appeared

_____, Known to me to be the person who executed the agreement above, and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public My commission expires _____

BACKGROUND INFORMATION:

The following information will help us get to know you better. There is no right or wrong answer. Please do not answer based on what you think we might want to hear. Do answer based on who you are now, and not who you wished you were, or are striving to become. None of these items on their own will preclude your participation on a Window of Hope team, but rather, are used to help us get to know you and with pre-field training and preparation, appropriate roommate selection and assignments.

Please describe your current relationship to God in your own words.

What are your pet peeves?

Please choose the option below that best describes you:

What better describes you?

- Busy as a bee, energetic, always on the go
- Laid back, steady, paced

What better describes you?

- Talkative
- Quiet

What better describes you?

- Outgoing/Extroverted
- Reserved/Shy/Introverted

What better describes you?

- Neat freak/organized
- Messy/Accumulate piles
- Somewhere in between

Are you?

- More of a leader type
- More of a follower type

Can you share a room and bathroom?

- Yes No

Do you learn best by?

- Reading
- Visual demonstration (video, live)
- Oral (discussion or reading out loud)

What is your birth order?

- First born
- Middle Child
- Last born
- Only child

Do you feel more comfortable

- Working on a group project
- Working alone (such as on a computer task)

Do you resolve conflict by?

- Avoiding it
- Being direct
- Talking to someone other than the offender

What better describes you

- Task oriented
- People oriented

Are you germ-o-phobic (struggle with dirt or not having clean hands to excess)?

- Yes No

Do you struggle in large groups?

- Yes No

Do you get carsick?

- Yes No

Do you struggle if people invade your sense of personal space?

- Yes No

Do you have issues in any of these following areas?

<u>Area</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	
Pride	<input type="checkbox"/>	<input type="checkbox"/>	
Anger	<input type="checkbox"/>	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Illness	<input type="checkbox"/>	<input type="checkbox"/>	
Being Bossy	<input type="checkbox"/>	<input type="checkbox"/>	
Moodiness	<input type="checkbox"/>	<input type="checkbox"/>	
Getting along with others	<input type="checkbox"/>	<input type="checkbox"/>	
Financial or debt management	<input type="checkbox"/>	<input type="checkbox"/>	
Being Punctual	<input type="checkbox"/>	<input type="checkbox"/>	
Prejudice	<input type="checkbox"/>	<input type="checkbox"/>	

<u>Do you:</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Smoke or chew tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	
Drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	
Use drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
Take pain medicines regularly?	<input type="checkbox"/>	<input type="checkbox"/>	
Struggle with pornography?	<input type="checkbox"/>	<input type="checkbox"/>	
Struggle with sexual promiscuity?	<input type="checkbox"/>	<input type="checkbox"/>	

<u>Have you ever:</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	
Had a restraining order against you?	<input type="checkbox"/>	<input type="checkbox"/>	
Registered as a sex offender?	<input type="checkbox"/>	<input type="checkbox"/>	