

# **Missionary Ventures**

## Application Pack



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## Welcome to Missionary Ventures

As many of our previous team members testify going on a short term mission is a life changing experience. So we are very excited that you have decided to become a team member.

In this pack you will find all the forms required to complete the application process. These should be completed and returned to the address below as soon as possible. You need to send a deposit of £100 with your application before we can begin to process it. This deposit will be applied to your account and is non refundable in the event that you withdraw for any reason. Please also attach with this application a photocopy of your passport. Please action all parts of this checklist as soon as possible as we can not process your application until we have received all parts, including your completed reference.

### CHECKLIST

Please return to the address below:

- Application Form
- Release of Liability
- Child Protection Declaration
- Photocopy of Passport
- £100 deposit

Please keep:

- Copy of Child Protection policy
- Fund Raising ideas

Please give to your Church leader:

- Reference Form

### WHAT HAPPENS NEXT ?

We will process your application as quickly as possible. Once you have been accepted as a team member, we will put you in contact with your Team Leader, who will inform you of training and budget details for the team. If you are unsure about anything, or just have questions about the application process, then please don't hesitate to get in touch with me. Once again thankyou for joining us and I look forward to hearing about your experiences.

Yours sincerely,

Karen Robinson  
Team Trip Coordinator

karen@mvgb.org.uk  
(01706) 639 333

Please return forms to:

Missionary Ventures  
Champness Hall, Suite 3  
Drake Street  
Rochdale  
Lancashire  
OL16 1PB



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### Mission Team Application

Please read these notes before completing the form:

1. Please LEGIBLY complete this application (some of the information may need to be supplied to the government of the country to which you are going).
2. You need to send a £100.00 deposit with this application. This will enable us to begin the administrative process and will be applied to your account.
3. Please attach WITH THIS APPLICATION a photocopy of the pages of your passport that display your name and photograph.

#### PERSONAL INFORMATION

Title \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address:

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Town/City \_\_\_\_\_

County \_\_\_\_\_

Postcode \_\_\_\_\_

Tel.Numbers

Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

#### OCCUPATION AND EXPERIENCE

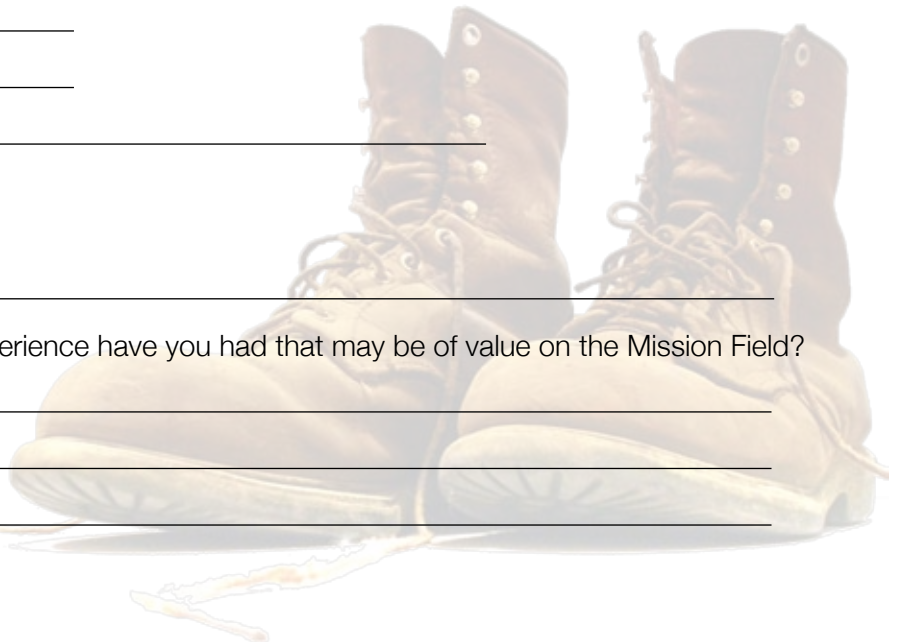
What is your occupation? \_\_\_\_\_

What specialised training/leadership experience have you had that may be of value on the Mission Field?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### TRIP INFORMATION

If you have been on a Missionary Ventures mission trip previously please tell us:

To which countries, \_\_\_\_\_

Date(s), \_\_\_\_\_

and the Type of mission (Evangelical/Medical/Construction etc)

\_\_\_\_\_

Why do you want to be part of a mission team?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you speak any other languages which ones?

\_\_\_\_\_

Which Short Term Mission Trip are you applying for?

\_\_\_\_\_

In which ministry activities do you wish to participate (tick):

Greeting or Testimony     Drama     Construction

Evangelism     Music     Medical

Teaching

Other \_\_\_\_\_



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### MEDICAL BACKGROUND

In developing countries, teams can be situated in remote locations where travel is arduous and medical care is basic or not easily obtained. It is therefore important that you, and if necessary your doctor, are satisfied that you are fit enough to go. With this in mind we need you to answer the following questions:

1. Are you physically fit? Yes  No

2. Do you have any physical disabilities? Yes  No

If "Yes" please give details:

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3. Do you suffer from epilepsy, diabetes, asthma, back problems, or other chronic illness? Yes  No

If "Yes" please give details:

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4. Do you have any serious heart, lung, kidney, liver or blood disorders? Yes  No

If "Yes" please give details:

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5. Have you had any serious illness in the last three years? Yes  No

If "Yes" please give details:

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6. Have you had any emotional/anxiety or depression problems that required treatment or had any psychiatric help? Yes  No

If "Yes" please give details:

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7. Are you allergic to any food or drugs etc? Yes  No

If "Yes" please give details:

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Do you carry an epipen? Yes  No

**Important note:** If your medical situation changes significantly between filling in this form and the date of the trip you must inform us immediately. This is for insurance purposes and your well being whilst overseas.

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### CHRISTIAN LIFE

Please describe briefly how and when you became a Christian

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Name and Address of your Church \_\_\_\_\_

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### Your Church Leaders Details

Name \_\_\_\_\_

Email \_\_\_\_\_

Contact No. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

If YOU are the Pastor, please give the name and contact number of a suitable alternative referee.

Referee \_\_\_\_\_

Contact No. \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge

Signed \_\_\_\_\_ Date \_\_\_\_\_



## Child Protection Policy and Declaration

### INTRODUCTION

All staff or short-term mission team members working under the banner of Missionary Ventures Great Britain (MVGB) must ensure that:

- The welfare of the child is paramount
- All children, whatever their age, culture, disability, gender, language, racial origin religious beliefs and/or sexual identity have the right to protection from abuse
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately
- All team members have a responsibility to report concerns to the team leader or field coordinator.

### POLICY STATEMENT

MVGB has a duty of care to safeguard from harm all children involved in any of our events and activities. All children have a right to protection, and the needs of disabled children and others who may be particularly vulnerable must be taken into account. MVGB will ensure the safety and protection of all children involved in our activities and events adherence to these Child Protection guidelines.

A child is defined as a person under the age of 18 (The Children Act 1989).

### POLICY AIMS

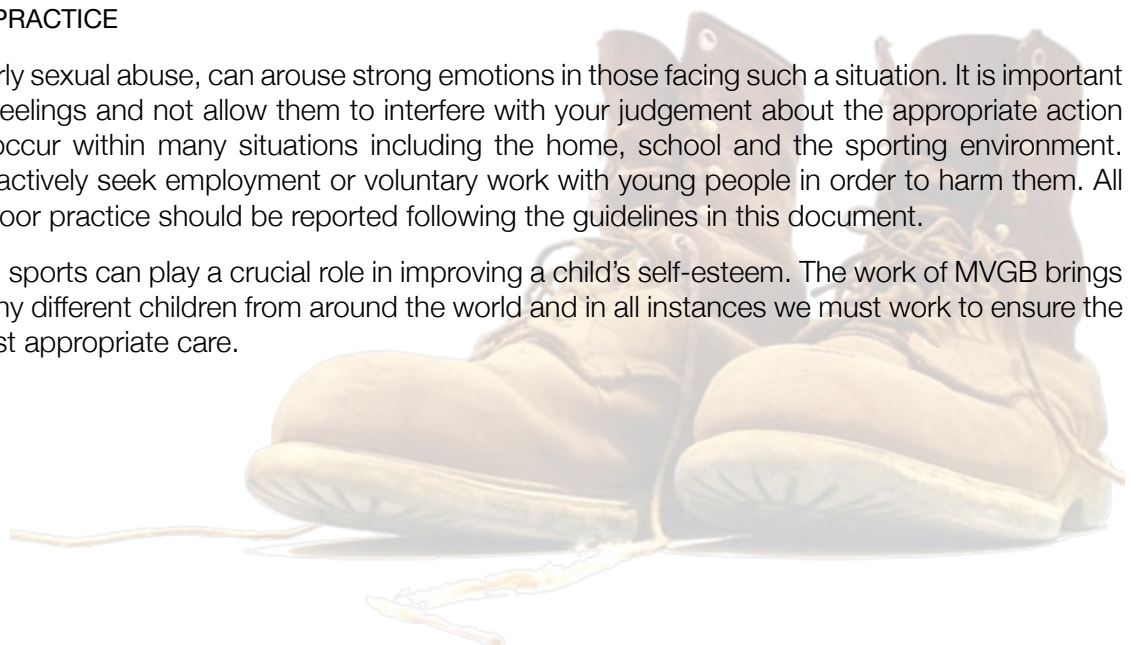
The aim of MVGB's Child Protection Policy is to promote good practice:

- Providing children and young people with appropriate safety and protection.
- Allowing all staff /team members to make informed decisions and give confident responses to specific child protection issues.

### PROMOTING GOOD PRACTICE

Child abuse, particularly sexual abuse, can arouse strong emotions in those facing such a situation. It is important to understand these feelings and not allow them to interfere with your judgement about the appropriate action to take. Abuse can occur within many situations including the home, school and the sporting environment. Some individuals will actively seek employment or voluntary work with young people in order to harm them. All suspicious cases of poor practice should be reported following the guidelines in this document.

Outdoor activities and sports can play a crucial role in improving a child's self-esteem. The work of MVGB brings us in contact with many different children from around the world and in all instances we must work to ensure the child receives the most appropriate care.



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### GOOD PRACTICE GUIDELINES

All team members should be encouraged to demonstrate exemplary behaviour in order to protect themselves from false allegations. The following are common sense examples of how to create a positive culture and climate.

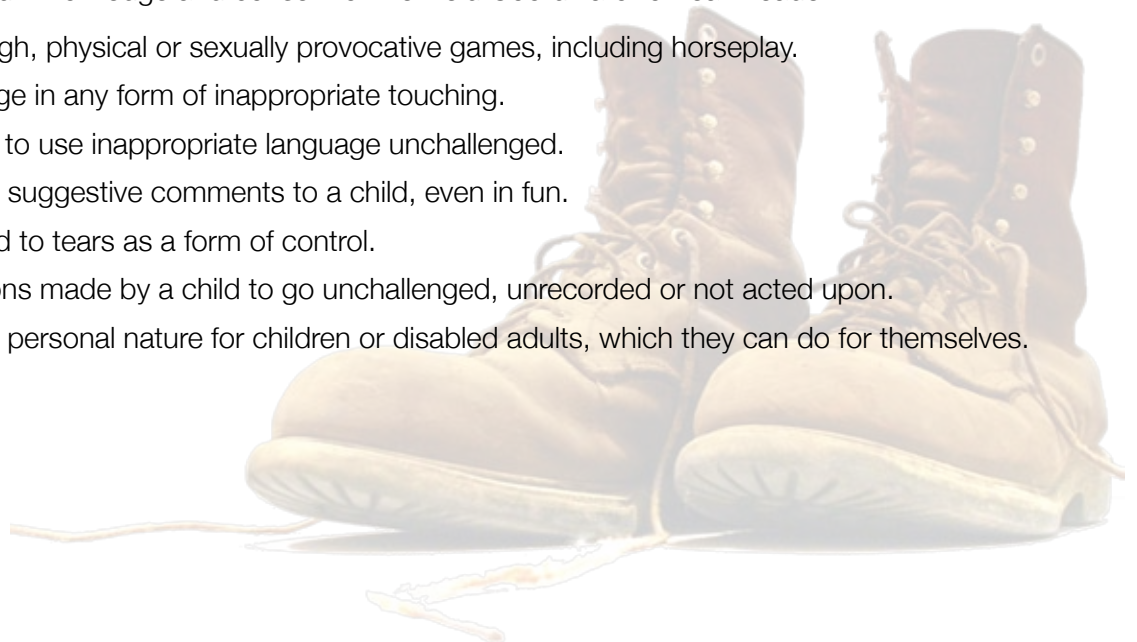
#### GOOD PRACTICE MEANS:

- Never being alone with a child.
- Always working in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets).
- Treating all young people with respect and dignity.
- Building relationships based on mutual trust, which empowers children to share in the decision-making process.
- Making activities fun, enjoyable and promoting fair play, without prejudice.
- Ensuring that if any form of manual/physical support is required, it should be provided openly and appropriately. Care is needed, as it is difficult to position hands appropriately in certain circumstances.
- Ensuring that where possible, a male and female team member should always accompany mixed groups. However, remember that same-gender abuse can also occur.
- Being an excellent role model – this includes not smoking, drinking alcohol or using inappropriate language in the company of young people.
- Giving enthusiastic and constructive feedback rather than negative criticism.
- Recognising the developmental needs and capacity of young people with and without disabilities – avoiding excessive physical activity or competition and not pushing them against their will.
- Keeping a written record of any incident or accident that occurs, along with the details of any treatment given.

#### PRACTICES TO BE AVOIDED

The following should be **avoided** except in emergencies. If cases arise where these situations are unavoidable it should be with the full knowledge and consent of the Field Coordinator or team leader.

- Engage in rough, physical or sexually provocative games, including horseplay.
- Allow or engage in any form of inappropriate touching.
- Allow children to use inappropriate language unchallenged.
- Make sexually suggestive comments to a child, even in fun.
- Reduce a child to tears as a form of control.
- Allow allegations made by a child to go unchallenged, unrecorded or not acted upon.
- Do things of a personal nature for children or disabled adults, which they can do for themselves.



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### INCIDENTS THAT MUST BE REPORTED/RECORDED

If any of the following occur you should report this immediately to the Field Coordinator or team leader and record the incident. It may also be appropriate to ensure the parents of the child are informed:

- If you accidentally hurt a child.
- If he/she seems distressed in any manner.
- If a child appears to be sexually aroused by your actions.
- If a child misunderstands or misinterprets something you have done.

Missionary Ventures Great Britain recognises that anyone may have the potential to abuse children in some way and that reasonable steps should be taken to ensure unsuitable people are prevented from working with children. Where a team member maybe required to work unsupervised and in a nature that leaves opportunity for abuse, MVGB will initiate a request for a check with the Criminal Records Bureau.

### RESPONDING TO ALLEGATIONS OR SUSPICIONS

It is not the responsibility of anyone working within Missionary Ventures Great Britain in a paid or unpaid capacity to decide whether or not child abuse has taken place. However there is a responsibility to act on any concerns initially through liaison with the Field Coordinator, team leader and then through contact with the appropriate authorities.

### CONFIDENTIALITY

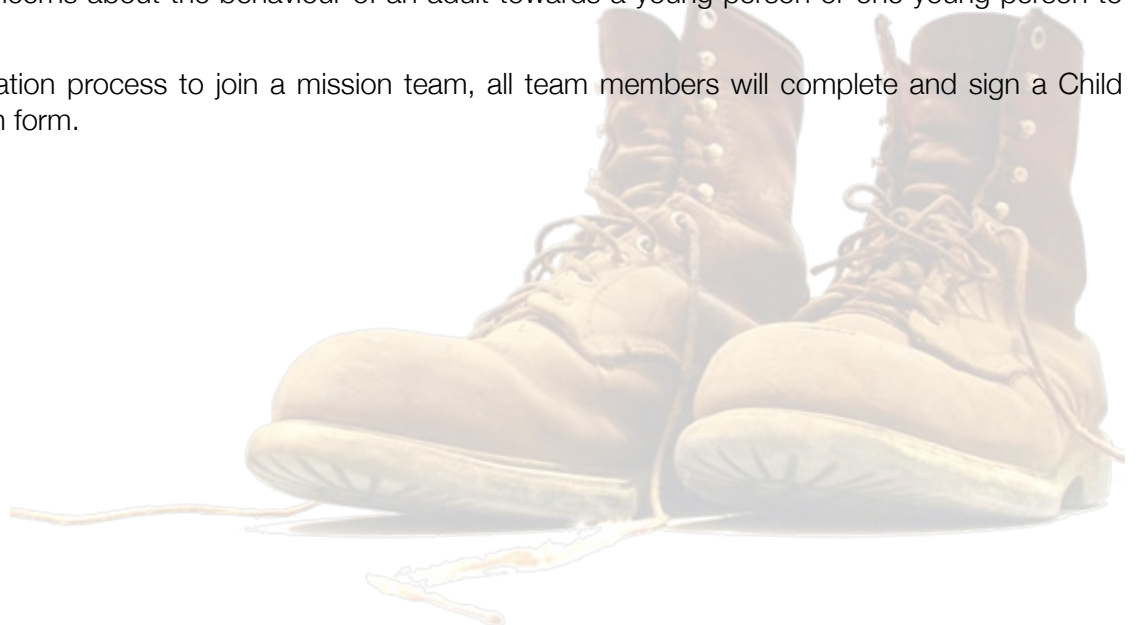
Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only.

Recorded information will be stored in a secure place with limited access to designated people, in line with data protection laws (e.g. that information is accurate, regularly updated, relevant and secure).

### MISSIONARY VENTURES GREAT BRITAIN REQUIRES THAT:

All team members read the advisory information herein outlining good practice and informing them about what to do if they have concerns about the behaviour of an adult towards a young person or one young person to another.

As part of the application process to join a mission team, all team members will complete and sign a Child Protection Declaration form.



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## Child Protection Declaration

I \_\_\_\_\_ confirm that:

1. I have read and agree with the MVGB Child Protection Policy and will abide by its guidelines.
2. I have never been accused or convicted of any offences involving children or young people.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Release of Liability

TO MISSIONARY VENTURES EUROPE TRUST

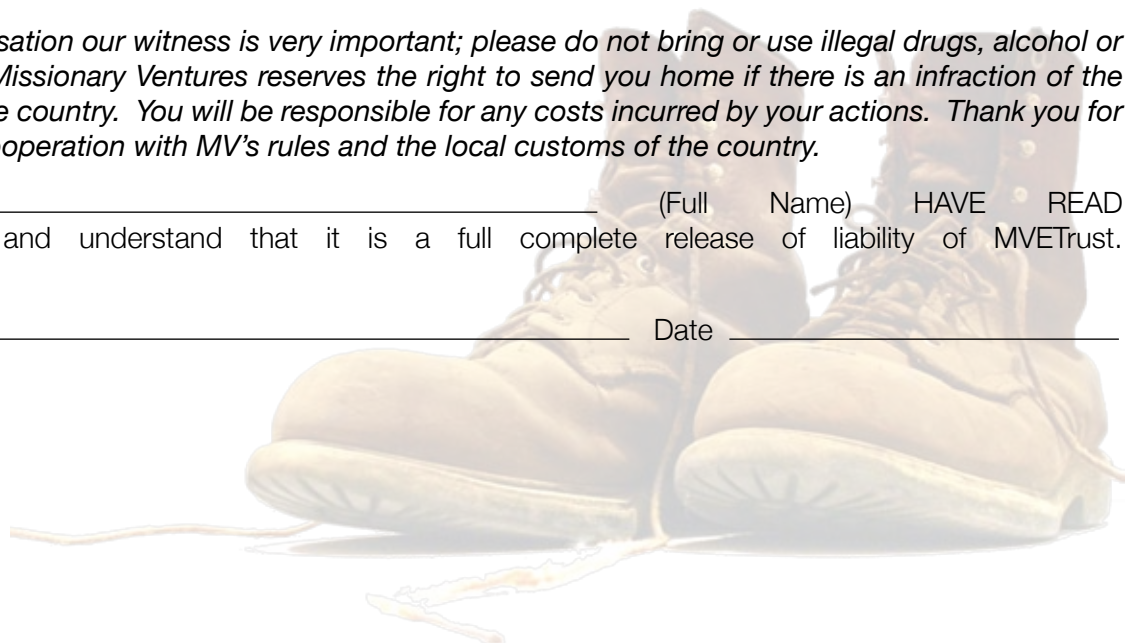
MISSIONARY VENTURES EUROPE TRUST (MVETrust), its Board, agents, servants and employees acts only as an agent for the Traveller in connection with all aspects of Traveller's tour to \_\_\_\_\_ commencing on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ with and on behalf of MVETrust, and it is understood and agreed that MVETrust assumes no liability for injury, damage, loss, accident, medical expenses, delay or irregularity which may be occasioned for any reason whatsoever due to its own acts or omissions or through the acts or omissions of any company or person engaged by MVETrust for the purpose of transporting or housing Traveller, or in carrying out the arrangements of the tour, and MVETrust accepts no liability or responsibility for losses or additional expenses due to delay or changes in air or other services, sicknesses, weather, strike, war, quarantine or other causes.

The right is reserved to MVETrust to substitute living accommodations of similar quality to those specified in the itinerary and to cancel any tour prior to departure, in which latter case refund will constitute full settlement to Traveller. No refund will be made for an unused portion of the tour unless arrangements are made prior to departure.

*As a Christian organisation our witness is very important; please do not bring or use illegal drugs, alcohol or tobacco products. Missionary Ventures reserves the right to send you home if there is an infraction of the rules in the respective country. You will be responsible for any costs incurred by your actions. Thank you for your courtesy and cooperation with MV's rules and the local customs of the country.*

I \_\_\_\_\_ (Full Name) HAVE READ THE FOREGOING and understand that it is a full complete release of liability of MVETrust.

Signed \_\_\_\_\_ Date \_\_\_\_\_



### Emergency Contact Details

#### FIRST CONTACT IN CASE OF EMERGENCY

Title \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Home Address:

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Town/City \_\_\_\_\_

County \_\_\_\_\_

Postcode \_\_\_\_\_

Tel.Numbers

Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

#### SECOND CONTACT IN CASE OF EMERGENCY

Title \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Home Address:

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Town/City \_\_\_\_\_

County \_\_\_\_\_

Postcode \_\_\_\_\_

Tel.Numbers

Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_



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### Reference Form

Name of Applicant \_\_\_\_\_

Short Term Mission applied for \_\_\_\_\_

The above named person is applying to participate in a short term mission trip with Missionary Ventures. As an international mission agency our responsibility is to send the best possible teams to work with our Field Coordinators and indigenous pastors. We need to know that our team members can operate as part of a short term mission team and will be a blessing to those they serve. It is also important to us to know that our team members have the support of the church that is sending them.

Therefore we would appreciate your cooperation in answering the following questions, and then returning this form to the address below. Please be assured that we will treat all the information you supply as confidential.

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Is the applicant a committed Christian? \_\_\_\_\_

Is the applicant involved in any ministry/church responsibility/role ? \_\_\_\_\_

If so, please comment on their involvement.

How does he/she respond to working

- under a team leader \_\_\_\_\_
- as part of a team \_\_\_\_\_

Would you like to make any additional comments regarding the suitability of the applicant to be a team member on this short term mission?

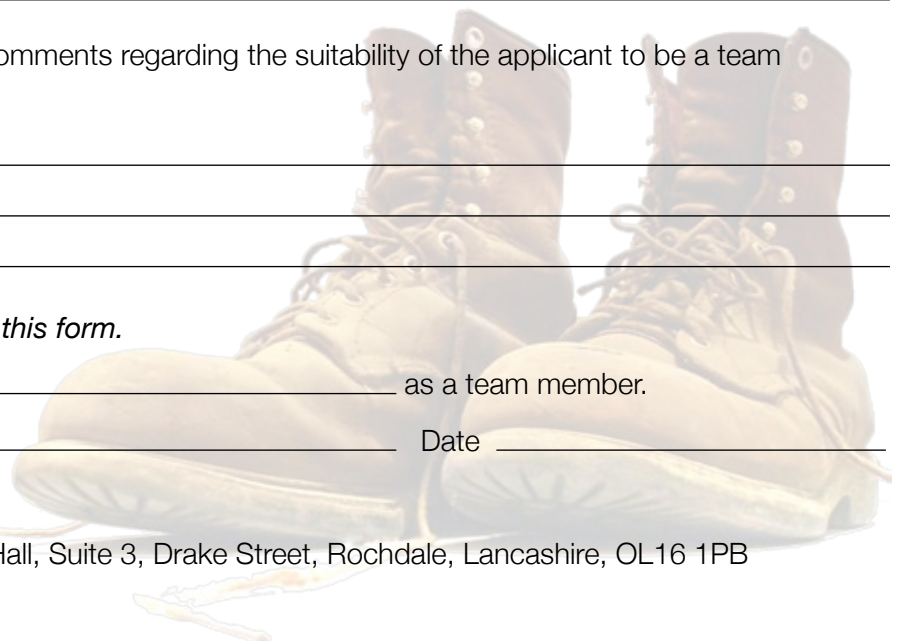
*Thank you for taking the time to fill out this form.*

I would recommend \_\_\_\_\_ as a team member.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please sign and return to:

Missionary Ventures, Champness Hall, Suite 3, Drake Street, Rochdale, Lancashire, OL16 1PB



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## Fund Raising Ideas

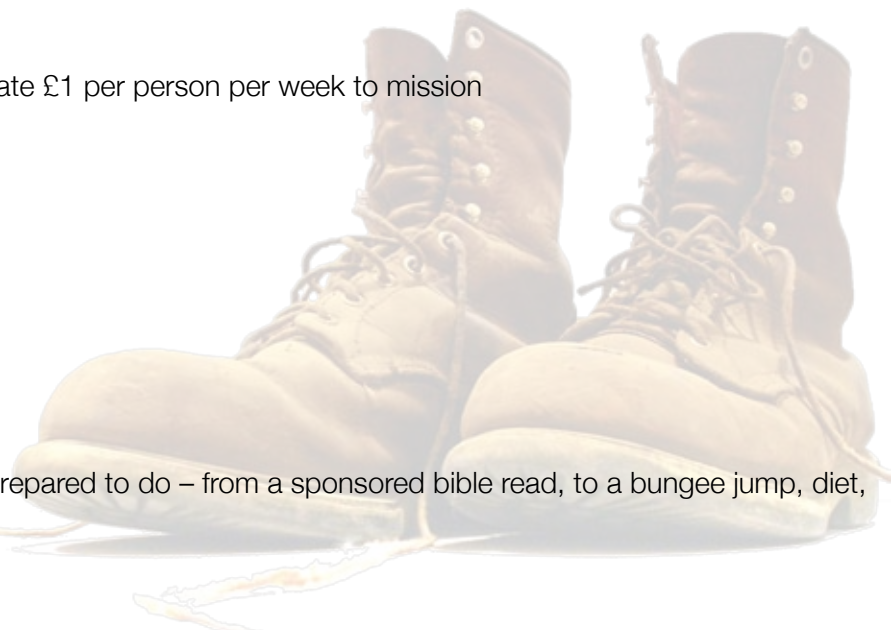
Your team leader will talk to you about the budget for the trip and any fund raising ventures due to be carried out. You will find below some ideas for raising funds in your own church, groups or work areas. Whatever you do remember to pray, start early, get lots of people involved and never give up!

### EVENTS

- Hold an auction night – auction things that people donate or services
- Have a theme night based on the mission trip – African night etc. have typical food, entertainment, decorations etc. Charge for tickets
- Talent show or a night with music and food – get people to donate food, and find musicians to play for free.
- Cake sale – everyone brings a cake, buys a cake
- Bring and buy sale – same principle
- Praise & Worship evening with collection
- Barn Dance or other theme – Disco, 70's, 80's etc
- Car Boot Sale
- Table Top sale
- Quiz Evening
- Fashion Show
- BBQ
- Themed (African) Dinner – with volunteers to wait on
- Jumble sale
- Design & Make – then sell – cards, bookmarks, recipe books, journals,
- t-shirts etc
- 5-a side footy match
- Fancy Dress party
- Ask church congregation to donate £1 per person per week to mission

### SPONSORED EVENTS

- Run/Walk
- Cycle ride
- Climbing/Swimming
- Silence!
- Anything really, that people are prepared to do – from a sponsored bible read, to a bungee jump, diet, parachute jump!



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### OTHER ORGANISATIONS

- Get other organisations on board:
- Church – groups within the church, ladies, youth, men, children etc.
- Local schools – non uniform days, silly clothes days, bring a pound day
- Local work places – your own work place – colleges etc
- Local newspapers/radio stations – get publicity
- Charities may want to help
- Local shops can help to publicise/collect money

### PEOPLE

- Family
- Friends
- Get people involved/onboard/enthusiastic.
- Get a team of fund raisers to brainstorm possible ideas

