



India 2018

INSTRUCTIONS

Please read the following instructions carefully

Thank you for your interest in traveling on a One Glance/DRT mission trip. Attached to this form is an application package for you to fill out. Please complete all of the forms, as we cannot process your application until we have received everything.

Please complete the following:

1. Mission Application.
2. Liability release form.
3. Deposit form.
4. Discipline policy.
5. Pastor's evaluation and release form (can also be completed by home group or lay leader)
6. Affidavit of temporary guardianship (if you are younger than 18 years of age).

APPLICATION PROCESS

Please return all completed forms to One Glance. If possible, please SCAN and email your forms to us at OneGlanceMinistries@gmail.com. Or, you can mail your application to this address:

One Glance
PO Box 1392
Shelton, WA 98584

Receipt of your deposit tentatively holds your spot pending review and approval of your application. Space is limited and acceptance is based on first come, first serve basis. If no deposit is received with your application, we regret that we will not be able to process your application. Deposits are NON-REFUNDABLE as they block off a spot for you and are used to forward fund costs associated with the trip (i.e. hotel, transportation, etc.). Only if you are not selected for the team, will the deposit be returned to you. Make checks and money orders payable to "One Glance Ministries". All amounts must be in U.S. dollars. We cannot receive foreign checks.

Upon closing of the registration period, an informational email containing details of the trip will be emailed to you as well.

May the Lord bless you with all favor and provision as you join us in this exciting adventure!

Blessings,

Tyler and Christine
One Glance Ministries

Missions Application

Personal Information

Name: _____ Sex: M or F Age: _____
(First/Middle/Last EXACTLY as on your passport)

Date of Birth: _____ Email: _____

Do you have a passport? Yes or No

If yes, Passport ID number: _____ Exp. Date _____

If no, you will need to begin applying for a passport right away.

Please circle all that apply: single dating relationship engaged married divorced have kids

(If married, we recommend that both attend the Mission Trip) If yes, spouse needs to submit a separate application.

If attending without your spouse, does he or she support your participation? Yes No

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Best time to reach you: _____

Allergies: _____

Medications: _____

Medical conditions that may hinder or prevent constant travel by car or plane:

Medical Insurance Carrier and Phone #

Policy # _____ Below, please list name of nearest relative or contact in case of emergency:

(Name)

(Phone)

How would you describe your temperament?

Have you ever been treated or diagnosed for any mental or emotional condition? Yes No If "Yes," please explain: _____
Emergency Contact Name and Phone number: _____

Do you have a criminal background or have any felonies? _____

If yes, are they cleared so that you will be able to leave the country? _____

When did you receive Jesus as your personal Lord and Savior? _____

Financial Snapshot

Do you have any outstanding bills (medical; home mortgage; student tuition; credit cards etc):

If so, do you have a plan on how you will take care of them before/during this trip?:

Do you own your own car? Yes or No

Will you be able to pay the full tuition by the start date?: _____

If yes, how will you pay? _____

Home Church

Church Fellowship you currently attend: _____ How long: _____

Pastor's name: _____ Phone: _____

Are you currently involved with ministry in your home church? _____

In what way? _____

Education

Do you have a high school diploma or GED? Yes or No

Secondary Education:

School	Phone #	Years attended	Degree

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Any other ministry training or experience:

Work Experience (please list past 5 years of employment)

Company	Supervisor's Name	Phone #	Date employed

References (Teacher, Employer, Friend)

Name	Address	Phone #	Years known

Questionnaire

What is your definition of ministry:

What are your ministry goals:

Why do you want to attend this Mission trip:

List any conferences, teachers, or books that have deeply influenced your walk with Jesus:

What are your strengths:

What are your weaknesses:

What are your spiritual gifts:

What are your hobbies:

Are you prepared for long hours of travel with little sleep for the duration of the Trip: _____

Have you ever been out of the country and if so where: _____

Do you have plans after you complete the mission trip and if so, what would they be:

Please write a brief testimony (*you may use another sheet of paper*):

Please include with this application:

Current Photo and/or Facebook Page URL: _____

I have read, understand and agree with the Application and accompanying information.

Signed: _____ Date: _____

We reserve the right to deny any application based on our judgment of the applicant's qualifications/experience compared to those required for One Glance/DRTmission trips.

Be sure to enclose all of the following completed and signed forms:

- | | |
|--|--|
| <input type="checkbox"/> Discipline Policy Form | <input type="checkbox"/> Deposit Form |
| <input type="checkbox"/> Liability Release Form | <input type="checkbox"/> Application Form |

Mail completed form to:

One Glance
PO Box 1392
Shelton, WA 98584

E-Mail: OneGlanceMinistries@gmail.com

DISCIPLINE POLICY

Matthew 18:15-17, If your brother sins against you, go and show him his fault, just between the two of you. If he listens to you, you have won your brother over. But if he will not listen, take one or two others along, so that “every matter may be established by the testimony of two or three witnesses.” If he refuses to listen to them, tell it to the church; and if he refuses to listen even to the church, treat him as you would a pagan or a tax collector.

Our aim is to follow biblical standards of discipline within the context of our ministry trips.

The goal of this policy is to clarify disciplinary procedures in order to avoid misunderstanding and provide clear guidelines for the safety and effectiveness of the team. We ask that you read the following procedures, sign the consent form and return it to us. In doing this, you agree to compliance with the decisions made by leadership; you agree to receive correction, public rebuke and/or removal as outlined in the procedures. If issues of sin or noncompliance with leadership surface, know with certainty that we will follow the steps below to bring resolution to the situation.

The reason for this policy is simple. The aim of these trips is to open regions up to revival and renewal, and in doing so our team is responsible for demonstrating good character. If sin has taken root for too long, even loving correction from friends may not turn you aside. If this should happen, you will be asked to leave and if you choose not to leave, we will bring you before the ministry team and inform them of what is going on with you.

In signing this consent policy, you agree to abide by the decisions of One Glance/DRT leadership and their collective wisdom in handling such matters.

We understand that it is difficult if not inappropriate for everyone to know the specifics of every possible scenario on a ministry trip, and that you must trust those in authority to seek the Lord in their decisions. By signing this policy, you agree to abide by their decisions totally. Please understand that we want only to work alongside each of you, yet we must also be realistic in laying out basic guidelines, so that the ministry trip is not ruined because of one person's sin or noncompliance. Because of our experience with similar situations, we will endeavor to bring cohesion to the team to prevent chaos. We ask that you approach the ministry trip with a heart of honor knowing that compliance with the decisions of leadership are not optional but mandatory.

1. If you have a problem with anyone on the team, you should go to that person without approaching anyone else first. Try to bring resolution and understanding to the situation. If it is someone of the opposite sex, speak with them in a place where others are around but unable to hear. Very often, a perceived problem is only a misunderstanding that can be cleared up with communication and bringing it to someone's attention.
2. If you cannot reach resolution after talking with the other person, bring the issue to your team leader. The individuals involved are required to discuss the problem with the team leader, and the leader will determine whether someone is at fault and bring closure to the situation.
3. If the team leader later finds that no closure has come following the meeting, he will confront the parties with the event coordinator. The team leader will inform him of the situation, to bring in another voice of reason and authority and arrive at closure.
4. If the team leader and event coordinator have found the person to be in rebellion to correction, then they will inform the senior One Glance/DRT representative and he will bring final closure to the situation. All parties will be present and they will hear how the matter will be ended. At this time, options will be given for ending the situation, and it will end. Options may include returning home within 24 hours or be brought before the entire team. If the second option is chosen, the team will be instructed not to have anything to do with you for the rest of the trip. You will not be allowed to ride, sleep, eat or spend time with any team member.

5. If you are involved in a sin that cannot be addressed in a timely manner – and which could adversely affect the team – the leadership reserves the right to go immediately to step 4 at their discretion.
6. In signing this agreement, you agree to follow these procedures for discipline if you are directly involved. You also agree to follow the directions of leadership regarding other team members.

Trip Name and Date: _____

Signature: _____

Print Name: _____

Date Signed: _____

DEPOSIT FORM

I want to be considered as a One Glance mission team member on the following trip:

Trip Name: _____ **Dates of Trip:** _____

Amount Included \$ _____ US Funds Only (entire deposit amount required)

*(Please note: Your application for participation on this mission trip cannot be processed unless the deposit amount is included with this form. Please make checks payable to: **One Glance Ministries**. Please note on the memo section of the check both the name of the team member and the trip for which the deposit is designated for.)*

Payment Schedule Timeline:

An initial deposit is due with this application. This application must be submitted by the cutoff date in the amount necessary for the trip you want to take.

Your next (second) payment is due by the deadline listed for your trip! The final balance of your trip must be paid in order for you to participate. Prompt payments are mandatory to ensure your slot on the team.

Cancellation & Refund Policy

This is a non-refundable deposit. This is because deposits are used to forward fund in-country ground costs that are usually nonrefundable in developing nations. However, if you are not selected for a team, this deposit will be fully refunded. There is one exception – if you decide to cancel, you can transfer your deposit amount to *another applicant* who is accepted for the trip. This does not apply if we have already purchased any nontransferable travel tickets in your name.

If a team member cancels 30 days prior to the departure date or less, both the deposit and any other trip balance payments will be forfeited.

I UNDERSTAND AND AGREE TO THE ABOVE CANCELLATION AND REFUND POLICY.

Signature: _____

Print Name: _____

Date Signed: _____

TAX RECEIPTS –One Glance policy does not allow the issuing of tax receipts for mission trip payments.

LIABILITY RELEASE FORM FOR ONE GLANCE MISSION TRIP

WARNING: THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS

In consideration of my acceptance by One Glance Ministries for participation on mission trip to
(list location) _____ dated _____ through
_____, I make the representations and undertakings set out below:

- ✓ I am 18 years of age or older or will have notarized parental consent form signed by both of my parents.

- ✓ I am in good health and have received or will receive all vaccinations recommended by my county or state health department for travel in the countries or areas to be visited on this trip.

- ✓ I know that international travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle and on foot; travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and other possibilities are risks in ministry trip travel.

- ✓ I know that One Glance Ministries and The DRT does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury on this trip are my own responsibility. I know that One Glance Ministries and The DRT does not have insurance policies related to this trip.

- ✓ I know that One Glance Ministries and The DRT does not carry any insurance, and I acknowledge that One Glance Ministries has advised me that One Glance Ministries does not accept any responsibility for any injury, loss or damage not covered by the above-mentioned insurance. I further acknowledge that One Glance has recommended that I carry or obtain primary medical insurance to cover possible medical needs including evacuation occurring during this trip and that One Glance Ministries has recommended that I obtain travel insurance covering personal injury, trip delay, change or cancellation, loss of or damage to baggage, and other standard risk coverage for this trip.

- ✓ I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this ministry trip or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

**In consideration of my being permitted to participate as a One Glance Ministries
internship team member on the above ministry/mission trip: (Please initial each paragraph)**

I ACCEPT AND ASSUME ALL RISKS AND HAZARDS FROM THIS ACTIVITY, BOTH KNOWN AND UNKNOWN, INCLUDING BUT NOT LIMITED TO THE RISKS AND HAZARDS IDENTIFIED ABOVE.

INITIALS: _____

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY ONE GLANCE, ITS DIRECTORS, OFFICERS, EMPLOYEES, COORDINATORS, FACILITATORS, VOLUNTEERS, AND OTHER TEAM MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTIONS, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE, SPECIFICALLY INCLUDING BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF ANY PERSON SO RELEASED, HELD HARMLESS AND INDEMNIFIED, AND SPECIFICALLY INCLUDING CLAIMS RELATING TO ANY PERSONAL INJURY THAT I MAY SUFFER.

INITIALS: _____

I AGREE NOT TO MAKE A CLAIM, FILE SUIT OR DEMAND ANYTHING FOR ANY INJURY, DEATH OR LOSS THAT ARISES FROM MY PARTICIPATION IN THIS ACTIVITY.

INITIALS: _____

I AGREE TO PAY THE COSTS AND/OR LEGAL EXPENSES INCURRED BY THE TRIP LEADER(S), ORGANIZERS AND/OR PARTICIPANTS AS A RESULT OF ANY CLAIM OR SUIT FILED BY ME, OR FILED BY ANYONE ELSE AS A RESULT OF MY CONDUCT.

INITIALS: _____

I CONSENT AND AGREE TO PAY FOR ANY MEDICAL TREATMENT RENDERED TO ME BY ANYONE FOR ANY INJURY OR OTHER MEDICAL SITUATION DURING, OR RESULTING FROM, MY PARTICIPATION.

INITIALS: _____

I AUTHORIZE ONE GLANCE MIN. TO ARRANGE FOR TRANSPORTATION, FOOD AND LODGING FOR ME ON THIS TRIP.

INITIALS: _____

I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR WHOSE BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES AND ASSIGNS.

INITIALS: _____

I HEREBY MAKE EACH OF THE ABOVE STATEMENTS, ACKNOWLEDGEMENTS, AUTHORIZATIONS, RELEASES, DISCHARGES, HOLD HARMLESS AGREEMENTS, INDEMNITIES AND OTHER AGREEMENTS ON BEHALF OF MY MINOR CHILDREN, ACCOMPANYING ME OR PARTICIPATING ALONE ON THIS TRIP WHOSE NAME(S) APPEAR(S) BELOW, AND AGREE THAT THEY SHALL BE BINDING ON EACH MINOR CHILD, HIS HEIRS, SUCCESSORS AND ASSIGNS:

Name of minor child _____

I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.

Signature: _____ Date: _____

Print Name: _____

Full Address: _____

Emergency Contact: _____ Phone: _____

PASTOR'S REFERENCE EVALUATION AND RELEASE FORM

APPLICANT: Please fill in this section and give this form to your pastor along with an addressed, stamped envelope (addressed to One Glance).

<i>Name of Applicant</i>	<i>Applying to:</i>	<i>On:</i>
	<i>(Destination)</i>	<i>(Dates)</i>
I give my full consent that my pastor may complete this reference evaluation and release it to One Glance Ministries.		
Signed: _____		Date: _____

Dear Pastor/Church Leader:

The applicant above has applied to be on a One Glance mission trip. We take seriously our responsibility toward those to whom we minister, both here and abroad. One of our requirements is that we have the pastor's release and confirmation of the applicant's fitness for service. Therefore, the screening committee greatly appreciates your supplying the information requested on this form. Please return this form directly to our office upon completion. Thank you!

1. Length of time of your acquaintance with applicant: _____ years _____ months.
2. In which areas of church life has the applicant served, and in which areas is he/she currently serving?

3. Evaluation of applicant's emotional and spiritual maturity: The applicant must be able to accommodate himself/herself readily to unaccustomed living conditions and new social situations. Adjustment may have to be made as to diet, social customs, climate changes, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by checking a block under each of the following categories:

PHYSICAL CONDITION

- Frequently incapacitated
- Somewhat below par
- Fairly healthy
- Good health

EMOTIONAL RESILIENCE

(Under pressure)

- Gets angry, impulsive
- Withdraws or gets discouraged easily
- Meets constructively
- Above & beyond: encourages others

ACHIEVEMENT

(Ability to formulate & execute plans)

- Starts but doesn't finish
- Does only what is assigned
- Meets average expectations
- Superior creative ability

SOCIAL INTERACTION

- Avoided by others
- Tolerated by others
- Liked by others
- Well-liked by others

WILLINGNESS TO SERVE

- Reluctant to serve
- Motives confused
- Usually willing to serve
- Eager to serve as needed

LEADERSHIP

(Ability to inspire others & maintain their confidence)

- Tries but lacks ability
- Has some leadership promise
- Unusual ability to lead

TEAMWORK

- Frequently causes friction
- Cooperative but wants own way
- Works well with others
- Energized by teamwork

INTELLIGENCE

- Learns & thinks slowly
- Average mental ability
- Alert; has a good mind
- Brilliant, exceptional

CHRISTIAN EXPERIENCE

- Relatively superficial
- Genuine but lacking
- Rich and growing
- Warmly contagious

RESPONSIVENESS

(To feelings & needs of others)

- Slow to sense how others feel
- Reasonably responsive
- Understanding and thoughtful
- Extremely responsive

PRAYER MINISTRY

- Untrained and very new at this
- Has some training and experience
- Has had much training and experience

4. Evaluation of applicant's skills, training, profession or trade (To be answered only by those qualified to evaluate applicant's skill)

_____ Incompetent	_____ Doubtful	_____ Adequate
_____ Above average	_____ Superior	_____ Always perfect

5. Listed below are some tendencies which, if present, may reduce the effectiveness of the applicant. **Please Circle** words or descriptions which pertain to applicant:

- | | | | |
|------------------------|--|-------------------------------|----------------------|
| Impatient | Argumentative | Domineering | Cocky |
| Easily offended | Critical of others | Anxious | Easily embarrassed |
| Easily discouraged | Unable to cope with stress | Nervous or tense | Given to moods |
| Intolerant | Frequently worried | Lacks humor, can't take jokes | Erratic in attitudes |
| Self-absorbed thinking | Prejudiced toward races or nationalities | | |

If the applicant seems relatively free from all such tendencies, check here _____

6. Please comment briefly on the family and social background of the applicant _____

7. Is the applicant financially responsible? _____

8. Please describe any physical limitations the applicant may have: _____

9. Please use a separate sheet of paper to elaborate if the answer is "yes" to any of the following questions:

- a) Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?
- b) As far as you know, has the applicant ever been arrested for any offense other than minor traffic violations?
- c) To your knowledge, has the applicant ever been involved in drug abuse, homosexuality or the occult?
- d) Has the applicant had psychiatric treatment?
- e) Are you aware of any unresolved problems in their life? (unrepentance, anger, unforgiveness, impurity)

If the answers to a), b), c), d) and e) above are all "no," please check here: _____

10. What is your overall evaluation of the applicant's promise as a mission trip participant?

- | | |
|---|--|
| _____ He/she is definitely unsuited | _____ He/she is an average prospect |
| _____ At this time I feel he/she is unsuited | _____ He/she is an above average prospect |
| _____ He/she is a good prospect, but I do have reservations | _____ He/she is unusually exceptional prospect |

11. Check any of the following that you feel are motivating the applicant to get involved with the mission trip:

- | | | |
|-------------------------------------|-----------------------------------|-----------------------------|
| _____ Christian service | _____ Desire to spread the gospel | _____ Desire to help others |
| _____ Travel | _____ Receive help, ministry | _____ Discipleship |
| _____ Adventure | _____ Escape unpleasant home life | |
| _____ Others (please specify) _____ | | |

Signature: _____ Address: _____

Print Name: _____ Phone: _____

Please mail this completed form to:

One Glance
 PO Box 1392
 Shelton, WA 98584

E-mail: OneGlanceMinistries@gmail.com

