



Application for UpdraftSM South Africa

UpdraftSM: A Powerful Movement with Big Results
WMUV

Thank you for your interest in being on the UpdraftSM South Africa Team!

- 1. Please answer all of the questions on this form – please type or write very neatly.*
- 2. Return this completed form, any additional sheets (see Part II), the completed Medical Release and Authorization Form to WMUV.*
- 3. Give Reference Forms to two ministers, teachers, or other adults who know you well (no relatives, please).*

****Please ensure that all paperwork is turned in by January 15, 2010.***

I. Personal Information

Full Name: _____ Name You Prefer: _____ Date of Birth: _____
Address: _____ City, St, Zip: _____
Phone #: (home) _____ (cell) _____ E-mail: _____
School: _____ City, State: _____
School Activities: _____

Health (check one): Excellent Good Fair Poor

(If there are any limitations of activities, or any activities in which you are physically unable to participate, please attach an explanation)

Are you a Christian? _____

Church name: _____ Association: _____

Things you do well/enjoy doing: _____

II. Faith and Missions

Please answer the following questions on separate paper and attach.

- Tell us about your Christian journey so far. What difference does Jesus make in your life? (2 paragraphs minimum)
- What mission experience do you have? What cross-cultural experience do you have?
- Why do you want to participate in UpdraftSM South Africa? What strengths and gifts would you bring to the team? (2 paragraphs minimum)

III. References

List two adult references below who know you well (No relatives, please). Please ask each one to fill out an attached reference form and mail/fax to WMUV by January 15, 2010.

A. Name: _____ Phone #: _____
Address: _____ Email: _____
B. Name: _____ Phone #: _____
Address: _____ Email: _____

IV. Commitment

Please read the following carefully before signing your name below.

About Updraftsm: Updraftsm is a ministry of WMUV designed to provide students with a hands-on mission experience. The goal is to match the passions and gifts of students with the needs of a community to join Jesus Christ where He is at work in the world. The Updraftsm model includes three stages. Stage 1 is intensive training and preparation for all team members. Stage 2 is the experience itself, along with daily reflection on an individual and team basis. Stage 3 is a time of reflection and integration upon returning home.

About Updraftsm South Africa: Updraftsm South Africa will consist of spending a week in Johannesburg at Door of Hope (DOH), a ministry that cares for abandoned babies and helps to find “forever families” to adopt them. The Updraftsm team will assist in caring for the children at DOH and completing any other tasks that the DOH staff assigns. This particular Updraftsm team is limited to female students who will be 18-22 years of age at the time of the trip (August 2010).

Important Dates: Please take note of the following dates and events that will be mandatory for all team members.

January 15, 2010 – Applications, references, and medical forms due to WMUV

February 5-6, 2010 – Interviews in Richmond, VA

February 15, 2010 – Applicants are notified of their status; Updraftsm South Africa team is announced

June 2010 (exact dates TBD) – Stage 1 - Team Training in Richmond, VA

August 2-12, 2010 – Stage 2 – Serve at DOH in Johannesburg, South Africa

September 2010 (exact dates TBD) – Stage 3 – Debriefing and Reentry

Cost: The cost of the trip will not exceed \$2000 (plane ticket prices fluctuate some). Scholarship funds may be available to defray the cost for team members.

I have read and understand the information on this page about Updraftsm South Africa. I understand that the completion of this application does not guarantee that I will be selected to serve on the Updraftsm South Africa team. If I am selected, I commit to attend and actively participate in all three stages of Updraftsm, including the trainings and the reflection times. If selected, I further commit to pray for my fellow team members and the DOH staff with whom we will serve. I will keep a good attitude, be cooperative, flexible, and humble, and do everything necessary on my part to make Updraftsm South Africa a positive experience for everyone involved.

I also consent for my photograph to be used in WMUV publications.

Applicant Signature: _____ **Date:** _____

Send completed packet via snail mail, email, or fax to:
Kristen White – Student Missions Coordinator – WMUV – PO Box 8435 – Richmond, VA 23226
540.287.7148 (phone) – 804.672.8008 (fax) – kwhite@wmu-va.org





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Personal Reference Form

Applicant Name: _____ Date: _____

The person named above is being considered for participation in Updraft South Africa through WMUV. Updraft South Africa is a mission experience that will take place in August 2010. The mission team will be composed of college-aged young women and will be serving at Door of Hope caring for babies and young children. Pre-experience training and post-experience reflection are included.

Please complete this form and mail or fax to WMUV by January 15, 2010. We appreciate your time and insight that will help us get to know this applicant better.

Reference Name: _____ Phone #: _____
 Address: _____ Email: _____

Relationship to Applicant: _____ How long have you known the applicant? _____

For each of the attributes below, please circle the number that best describes your perception of the applicant, using a 1-10 scale --- 1 being significant room for growth, 5 being average, and 10 being superior. Feel free to use space for comments as needed.

		<u>Ranking:</u>										<u>Comments:</u>
General Attitude	n/a	1	2	3	4	5	6	7	8	9	10	
Spiritual Maturity	n/a	1	2	3	4	5	6	7	8	9	10	
Commitment to Missions	n/a	1	2	3	4	5	6	7	8	9	10	
Trustworthiness/Dependability	n/a	1	2	3	4	5	6	7	8	9	10	
Honesty	n/a	1	2	3	4	5	6	7	8	9	10	
Good Judgment	n/a	1	2	3	4	5	6	7	8	9	10	
Ability to Work Well with Others	n/a	1	2	3	4	5	6	7	8	9	10	
Work Ethic	n/a	1	2	3	4	5	6	7	8	9	10	
Flexibility	n/a	1	2	3	4	5	6	7	8	9	10	
Communication	n/a	1	2	3	4	5	6	7	8	9	10	
Leadership	n/a	1	2	3	4	5	6	7	8	9	10	

Would you recommend this applicant to participate in Updraft? (Please circle one) YES NO

Signature: _____ Date: _____

Thank you for completing this form!

Please mail, fax, or email to: Kristen White – WMUV – PO Box 8435 – Richmond, VA 23226 – 804.672.8008 (fax) – kwhite@wmu-va.org

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Medical Authorization and Release Form

I. Participant Information

Participant's Full Name: _____ Date of Birth: _____

Age: _____ Social Security Number: _____ - _____ - _____ Phone #: _____

Updraft Team Assignment: South Africa – Door of Hope Dates: August 2-12, 2010

II. Physician Information

Name: _____ Phone #: _____

Address: _____

III. Emergency Contacts

1. Name: _____ Relationship: _____

Address: _____ Phone #:(h) _____ (c) _____

2. Name: _____ Relationship: _____

Address: _____ Phone #:(h) _____ (c) _____

IV. Medical Information

Date of Last Tetanus Shot: _____ Date of Last Booster Shot: _____

List current medical conditions for which you are being treated: _____

List medications currently being taken (Please include concise directions, dosage, and frequency): _____

List all allergies: _____

Anything else health-related we should know: _____

IV. Insurance Information

Insurance Provider: _____ Policyholder's Name: _____

Group #: _____ Identification #: _____

V. Consent and Release

I, _____, hereby give my permission for treatment by a licensed physician, hospital or treatment center if medical treatment is deemed necessary by a licensed physician. In case of surgical emergency, I also give my consent to all medical procedures diagnosed and prescribed by the attending licensed physician. I also give consent to my photograph being used in WMUV publications.

By affixing my signature below, I agree to hold harmless and indemnify WMUV and all agents and representatives thereof (the Releasees) from all claims of losses, injuries, or damages that may result from or to myself as I participate in UpdraftSM, the missions experience of WMUV. I further agree to waive any and all rights of legal action against WMUV and the Releasees.

Applicant Signature: _____ **Date:** _____