



# El Refugio Fundación, A.C.

RFC: RFU 091208 GG1

## VOLUNTEER APPLICATION

The information as with all of the applications will be held in strict confidence. Information will not necessarily disqualify you from being accepted, however, *any misleading or withheld information may lead to disqualification.* Please either type in your application or print, scan and then email your completed form to [info@therefugemx.com](mailto:info@therefugemx.com).

### General Information

Full Legal Name

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Occupation: \_\_\_\_\_

Current Address (Street & Box No): \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address (required): \_\_\_\_\_

Marital State: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Re-married \_\_\_ Separated \_\_\_

If married, name of spouse: \_\_\_\_\_ How long have you been married? \_\_\_\_\_

Children? (Names & Ages): \_\_\_\_\_

Permanent Address (if different from current address): \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Passport # \_\_\_\_\_ Country of Passport \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Canada Address: 2903 55 Avenue Lloydminster, AB T9V 1N7 (780) 669-9454

USA Address: 4492 Camino de la Plaza, PMB 914, San Ysidro, CA 92173 (619) 399-7180

Calle Chihuahua #453, Ejido Playas de Chapultepec, Ensenada, BC, MEXICO CP 22785 (646) 173-66-63  
[info@therefugemx.com](mailto:info@therefugemx.com)

## ***Desired Length of Service and Funding***

Service in Missions (1 week to 2 weeks)       Internship ( 1 month to 1 year)  
 Short term (2 weeks to 4 weeks)                       Missionary Service (1 year or longer)

Anticipated Dates: From \_\_\_\_\_ to \_\_\_\_\_ Are these dates flexible? \_\_\_\_\_

How will you fund this missions experience?  Use personal funds  Raise support  Both  
If you are unable to raise the financial support, will you have the means to pay for it yourself?  Yes  No

## ***Educational Information***

**Please list all schools attended from high school to present:**

Name of Institution	Dates of Attendance	Diploma/Degree	Major/Minor

## ***Language Profile***

Languages spoken other than English: \_\_\_\_\_

Spanish Y\_\_ N\_\_

Level of Skill: Fluent \_\_\_ Moderate\_\_\_ Beginner \_\_\_ Basic \_\_\_

## ***Personal Profile***

What do you feel are your three greatest strengths?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What do you feel are your three greatest weaknesses?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Skills** Please check the appropriate column (Yes means I have experience **and** I am willing to work in this area)

	<b>Yes</b>	<b>No</b>	<b>Willing to Learn or Participate</b>		<b>Yes</b>	<b>No</b>	<b>Willing to Learn or Participate</b>
<i>Caring for babies</i>				<i>Hairdressing</i>			
<i>toddlers</i>				<i>Carpentry</i>			
<i>3-11 yrs</i>				<i>Electrical</i>			
<i>12-18 yrs</i>				<i>Plumbing</i>			
<i>Hygiene care of children</i>				<i>Masonry</i>			
<i>Tutoring</i>				<i>Welding</i>			
<i>Cooking</i>				<i>Maintenance</i>			
<i>Baking</i>				<i>Running Errands</i>			
<i>Cleaning</i>				<i>Typing/office</i>			
<i>Kitchen Prep</i>				<i>Accounting</i>			
<i>Dishwasher</i>				<i>Computer Skills</i>			
<i>Laundry</i>				<i>Web page Design</i>			
<i>Sewing</i>				<i>Blogs</i>			
<i>Arts or Crafts</i>				<i>Photography</i>			
<i>Music</i>				<i>Video</i>			
<i>Drama</i>				<i>Creating DVD's</i>			
<i>Lead devotions</i>				<i>Worship Leader</i>			
<i>Lead bible studies</i>				<i>Team Leader</i>			
<i>Sermons</i>				<i>First Aid Certificate</i>			
<i>Evangelism</i>				<i>Teaching</i>			
<i>Street Ministry</i>				<i>Sports</i>			
<i>Drivers License</i>			<i>Drivers License #:</i>	<i>Expiry Date:</i>			

Please list any other relevant skills, trades, etc. or expand or comment on the above.

**Life Profile**

Are you a smoker (cigarettes, cigars, pot, vape) or do you use other tobacco or marijuana products? Y / N

Do you drink alcoholic beverages? No \_\_\_\_\_ Occasionally \_\_\_\_\_ Often \_\_\_\_\_

Have you ever or are you currently using any illegal drugs? Y / N

Have you ever been involved in legal problems? Y / N

Have you ever been convicted of a felony? Y / N

Do you have a personal history of violence, abuse to others, or sexual immorality? Y / N

Is there any habitual sin in your life? Y / N

Have you ever participated in a drug rehab program? Y / N

If Yes, to any of the above questions, please explain in detail and include dates:

\_\_\_\_\_

\_\_\_\_\_

## Questions

Please type the following on a separate sheet of paper:

### A.) Spiritual Life

1. Describe your spiritual journey, including your current relationship with Christ.
2. Explain your understanding of how a person receives eternal life through Jesus Christ..
3. Where do you attend church? How long have you been a part of this fellowship?
4. Describe your current church involvement and how you use your spiritual gifts.
5. Why do you desire to serve at El Refugio?

### B) Experience

1. Briefly describe any overseas travel or cross-cultural experiences you have had.
2. What previous experience have you had working in a team environment?
3. How do you see yourself being most useful as a team member?

## EMPLOYMENT HISTORY

**Present/Most Recent Employer** \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_

Position held: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Employment Dates: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? \_\_Y \_\_N

Supervisor phone/email \_\_\_\_\_

If no, please explain why? \_\_\_\_\_

**Second Most Recent Employer** \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_

Position held: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Employment Dates: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? \_\_Y \_\_N

Supervisor phone/email \_\_\_\_\_

If no, please explain why? \_\_\_\_\_

## ***Medical Information***

Are you in good health? Yes\_\_\_\_\_ No\_\_\_\_\_ Comments: \_\_\_\_\_

When was your last complete physical exam? \_\_\_\_\_

Are you currently on medication or under a physician's care for physical issues?

Yes\_\_\_\_\_ No\_\_\_\_\_

-----

Have you been hospitalized or admitted to a treatment facility for any reason?

Yes\_\_\_\_\_ No\_\_\_\_\_

Have you been, or are presently dealing with an eating disorder? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, to any of the above, please give further explanation including dates:

\_\_\_\_\_

**Please place a check beside any known medical conditions and explain on lines provided below.**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Allergy – Bee Sting    | <input type="checkbox"/> Blood Disorder       | <input type="checkbox"/> Diabetic          | <input type="checkbox"/> Heart Problems    |
| <input type="checkbox"/> Allergy – Food         | <input type="checkbox"/> Cancer/Leukemia      | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Partially Sighted |
| <input type="checkbox"/> Allergy – Medication   | <input type="checkbox"/> Cerebral Palsy       | <input type="checkbox"/> Glasses/Contacts  | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Color Blindness      | <input type="checkbox"/> Hearing Aid used  | <input type="checkbox"/> Speech Problem    |
| <input type="checkbox"/> Asthma – on Medication | <input type="checkbox"/> Communicable Disease | <input type="checkbox"/> Hearing Loss      | <input type="checkbox"/> Other             |

Details: \_\_\_\_\_

\_\_\_\_\_

**References:**

Three references are required for this application, none of which should be family members. References should all be someone you have known for at least one year. One reference must be a pastor.

**Reference 1.)** Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How do you know this person? \_\_\_\_\_  
\_\_\_\_\_

**Reference 2.)** Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How do you know this person? \_\_\_\_\_  
\_\_\_\_\_

**Reference 3.)** Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How do you know this person? \_\_\_\_\_  
\_\_\_\_\_

**Certification** *(Please read, initial the lines and sign)*

\_\_\_\_ I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification or misrepresentation is grounds for dismissal in accordance with El Refugio Fundacion A.C./The Refuge Foundation.

\_\_\_\_ I authorize any person and references listed in this application to give you any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I further understand that a background check may be run before a position is offered to me in accordance with El Refugio Fundacion A.C./The Refuge Foundation policy.

\_\_\_\_ In consideration of my position with El Refugio Fundacion A.C./The Refuge Foundation I agree to conform to the rules and regulations of El Refugio Fundacion A.C./The Refuge Foundation.

\_\_\_\_ I acknowledge that my position can be terminated, with or without cause, at the option of either El Refugio Fundacion A.C./The Refuge Foundation or myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Liability Waiver & Damage Responsibility***

I understand that while serving with El Refugio Fundación A.C./ The Refuge Foundation, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in these activities. These risks include, but are not limited to personal injury (serious or otherwise), property damage, and death ("Injuries and Damages") from such participation.

I assume all risks inherent and occurring, whether foreseen or unforeseen, in participating in all activities as involving El Refugio Fundación A.C./The Refuge Foundation and its affiliates and waive all liability against it in making the decision to be included in all activities and being allowed use of the facilities for such activity. This waiver is intended by the parties to be as broad and inclusive as permitted by law. To the fullest extent by law, I also waive, discharge claims and release for liability El Refugio Fundación A.C./The Refuge Foundation, its officers, directors, employees, agents, and leaders from any and all liability on account of, or in any way resulting from Injuries and Damages, even if caused by the negligence El Refugio Fundación A.C./The Refuge Foundation, its officers, directors, employees, agents, and leaders.

I further agree to hold harmless El Refugio Fundación A.C./The Refuge Foundation, its officers, directors, employees, agents, and leaders from any claims, damages, injuries or losses of any kind of nature whatsoever caused by my own negligence while participating in such activities. I understand and intend that this assumption of risk, waiver and release be binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me during such activities.

I have been informed that I need to provide my own coverage for medical and premises liability insurance and, that if I cannot insure myself, I, alone, am responsible for all costs for Injuries and Damages.

In case of emergency, I hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary if I am unable/incapable to give consent.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please retain this portion of the application for your records.**

In case of acceptance, we are required to register your presence with us with DIF (the Mexican government's social services department). We are required to have the following on file at their disposition:

Copy of passport

Copy of entry visa for Mexico

Background check

2 letters of recommendation

Copy of health insurance (personal and travel if required)

Certificate of completion of studies (high school and/or university/trade school)

\*Psychological profile report

If you have minor children, we require the following in case of a major emergency:

- Emergency contact who will receive your children if you are both incapacitated.
- A written permission for personnel of El Refugio Fundacion to transport your minor children over the border in case of emergency.
- Copy of minor child's passport
- Copy of minor child's birth certificate

To be obtained after arrival:

Resume (we will help you compile this, as the format is different in Mexico)

Copy of utility bill from residence in Mexico

\*Medical certificate of health

\*Those staying a shorter period of time may not be required to obtain these.