



Application Instructions

1. Meet the prerequisites.

- ⇒ 18 years of age or older.
- ⇒ Possess a valid passport.
- ⇒ Journey to the Heart graduate.*
- ⇒ Watch the Basic Seminar training videos.*
- ⇒ Complete a TESOL (Teaching English to Speakers of Other Languages) training course.*
(For more information about TESOL training visit www.voicemissions.org/training)

Note: You may file an application even if you have not yet met some of the prerequisites. If you have already applied for a Journey to the Heart or a TESOL training course we will be able to process your application before you graduate. Also if you have not yet finished watching all of the Basic Seminar videos just make a note of it, and we will still be able to process your application. However, we will **not process any applications of people who do not have a valid passport.*

2. Fill out the basic application.

⇒ Legal Release

These releases are vital to your participation. Your application will not be processed until you have submitted a signed release form. When you apply via e-mail you can scan your signed release forms and send them along with your application. Should you be accepted to serve with VOICE Missions, you will need to bring the original signed release to give to the VOICE staff during orientation.

⇒ Medical History

Your medical history will be reviewed to determine if you are physically able to participate in international ministry. Your medical records will be kept confidential.

⇒ Photocopy of Your Passport

If you do not yet have a passport, please apply for one immediately. It can take up to six weeks to process a passport application. Applications may be submitted at a Federal Passport Agency or qualified Post Office.

The State Department's website, travel.state.gov/passport, can provide information about how to obtain a passport and where to find the nearest passport office.

If you already have a passport, make sure that it does not expire for at least six months after the conclusion of your trip.



3. Submit the application via email.

Email:

apply@voicemissions.org

4. Send out reference forms.

Be sure to send out your reference forms as soon as possible. We will not process your application until your references have been received.

You will receive an email notification when we receive your references.

5. Schedule a phone interview.

After we have processed your application and reference forms we will contact you to schedule a phone interview.

6. Apply for a visa.

If you are accepted to serve in VOICE Missions you will need to apply for a Taiwanese visa.

Your sponsor covers the cost of your airplane ticket and living expenses in Taiwan. But you are responsible to pay the filing fee for your Taiwanese Visa. (aprox. \$140.)

Do not apply for a visa before your application is approved. After you are accepted you will receive an email with the correct visa application, and important details on how to apply.

Application Checklist

These items are required in order to process your application

Legal release signed Parental recommendation signed Photocopy of passport included References sent



General Information

Opportunity:

Which trip are you applying for? (e.g.. 2014-2015)

Your Name (Exactly as it is printed on your passport)

First: _____

Middle: _____

Last: _____

Contact Details

Address: _____

City: _____ Zip: _____

State: _____ Country: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Personal Details

Age: _____ Date of Birth (mm/dd/yy): _____

Sex: Male Female

Passport Details

Passport Number: _____

Country of Issue: _____

Date of Issue: _____ Expiration Date: _____

Parents Information

Parents Name: _____

Parents Phone Number: _____

Parents Email: _____

Emergency Contact #1

(Who should we contact in the case of an Emergency?)

Name: _____

Relationship to you: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Emergency Contact #2

(Who should we contact if option #1 is unavailable?)

Name: _____

Relationship to you: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Church Information

Church: _____

Pastor's name: _____

Telephone Number: _____

Email: _____



Skills and Experience

Prerequisites Checklist:

- I am at least 18 years old.
- I have a valid passport.
- I have gone on a Journey to the Heart.
Date: _____
or I am scheduled to attend a Journey to the Heart.
Date scheduled: _____
- I have completed the Basic Seminar video course.
- I have completed a TESOL training course.
or I am scheduled to attend a TESOL course.
Date scheduled: _____
Location: _____

Please list any skills or talents that would be useful in teaching or ministry.

Previous Experience or Skills

Have you ever served or traveled internationally before? If so where, and for how long?

Have you participated in any other training or activities that have prepared you for ministry (e.g. teaching AWANA, Bible Clubs, Sunday School, In the Gap, Mission School, etc.)?



Self-Evaluation

Please answer the following questions. If necessary, a separate sheet of paper may be used and attached to the application. If a question is not relevant to you please note it with a N/A (not applicable) and include a note explaining why it does not apply to you.

A) Please describe how you received salvation.

B) How would you rate your current spiritual relationship and commitment level to the Lord?

- I have completely dedicated my life to the Lord
- I am somewhat dedicated
- I have not made any commitments in this area

C) Do you feel that God is leading you into this area of ministry?

D) What church involvement have you had in the past year?

E) How do you feel that you respond to changes in situations and new environments?

F) Why do you want to participate in VOICE Missions?

G) What areas of your character are you currently seeking God to further develop and improve in your life?



Medical History

Medical Checklist:

Have you ever had, or do you have any of the following health issues? If so, please indicate that by checking the box beside each health problem that you have experienced.

- Eating Disorder
- Head Injury
- Headache (chronic)
- Serious/Chronic ear infections
- Seizures
- Fainting Spells
- Nervous/Mental Disorders
- Chronic Fatigue
- Meningitis
- Insomnia
- Pneumonia
- Allergic reactions to:
 - Penicillin
 - Sulphonamides
 - Foods (specify)
 - Other (specify)
- Depression
- Shortness of breath
- Hay fever
- Asthma
- Bronchitis
- Heart problems
- Rheumatism/Arthritis
- High blood pressure
- Back problems
- Dislocation of joints (specify)
- Broken bones (specify)

Surgery:

- Appendectomy
- Tonsillectomy
- Hernia repair
- Other (specify)
- HIV positive
- Hepatitis
- Epilepsy
- Stomach/Duodenal ulcers
- Gallbladder problems
- Thyroid problems
- Anemia
- Intestinal trouble
- Diarrhea (chronic)
- Diabetes
- Hypoglycemia
- Kidney disease
- Skin conditions (specify)
- Tumor/Cancer (specify)
- Other: _____

Please provide details about your experiences with any of the health issues that you checked in the list above. Use additional paper if necessary.



Medical History

Communicable Diseases:

Did you ever have any of the following diseases?

- Chicken pox
- Measles (rubeola)
- Mumps
- Rubella
- Mononucleosis
- Scarlet fever
- Tuberculosis
- Other (specify)

Please provide details about your experiences with any of the health issues that you checked in the list above.

Physical Information

Height _____ Weight _____ Blood Type _____

Immunization History

These immunizations are not required for travel with VOICE Missions, but they could make a difference in medical decisions.

- | | Date |
|-------------------------------|----------|
| Influenza | __/__/__ |
| Hepatitis | __/__/__ |
| Polio | __/__/__ |
| MMR (measles, mumps, rubella) | __/__/__ |
| DT (diphtheria/tetanus) | __/__/__ |
| Other (specify) | __/__/__ |

Medical Treatment

Are you presently under a physician's care for any condition or treatment? Yes No

Please specify: _____

Are you taking any medication at this time? Yes No

Please specify: _____

Did you have, or have you ever received, any compensation for disability from any source? Yes No

Please specify: _____

Personal Physician Contact

Name _____

Phone number _____

Email (if available) _____

Fax number (if available) _____