

# VICTORY CHURCHES INTERNATIONAL

## Job Description and Responsibility For Mission Trips



### **Canadian Head Office**

Box 65077 North Hill PO  
Calgary, AB T2N 4T6  
Telephone: 03-286-8337  
Fax: 403-286-8335  
Email:  
victorychurches@victoryint.org

### **USA Head Office**

P.O. Box 15063  
Santa Ana, CA 92735  
Phone: 714-966-9977  
Fax: 714-966-9988  
Email:  
info@victoryusa.org

### **Head Office U.K.**

Victory Churches U.K.  
11 Anson St.  
Rugeley, Staffs  
WS15 2BG  
011-44-188-957-6246  
chairman@vcieurope.org  
www.vcieurope.org

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## **JOB DESCRIPTION**

You will work with and seek to help to fulfill the Ministries and Projects of Victory Churches International. Your work will entail employing your technical skills in innovative ways, working sometimes in unfavorable conditions and undefined hours. You will need to exercise patience toward communication and cultural barriers. Many tasks will have to be accomplished on your own without the help of others. You will have opportunity to teach your skills to others, initiate programs and encourage other team members in their ministry. Written articles, testimonies, teachings, etc... may encourage and minister to others. Long term missionaries will be expected to fill leadership roles after their first year of service.

## **OUR COMMITMENT TO YOU**

We will do everything within our ability to provide shepherding and spiritual oversight while you are with us, and direction in your work and relationships on the field.

Wherever we can, we will assist you in finding housing and transportation.

If any potential problems arise during your work with us, we will discuss them with you before making any decision.



# VICTORY CHURCHES INTERNATIONAL APPLICATION FORM FOR MISSION TRIPS

Please Print Clearly

### MISSION TRIP:

Country of Destination: \_\_\_\_\_ Dates Of Trip: \_\_\_\_\_

Name of Group Leader: \_\_\_\_\_ Sponsoring Church: \_\_\_\_\_

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work# \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Insurance #: \_\_\_\_\_ Driver's License# \_\_\_\_\_

Marital Status: Single:  Married:  Other: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Names of Children/Age Accompanying?

_____	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	_____	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
_____	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	_____	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

### TRAVEL DOCUMENTS:

Passport# \_\_\_\_\_ Issued at: \_\_\_\_\_ On: \_\_\_\_\_

Expires: \_\_\_\_\_

Birth Certificate Yes:  No:  Nationality \_\_\_\_\_

International Drivers License? Yes:  No:  Number \_\_\_\_\_

### SALVATION AND CHRISTIAN EXPERIENCE:

Have you put your faith in Jesus Christ as your personal Lord and Savior? Yes:  No:

How long have you been a born again Christian? \_\_\_\_\_ Are you presently living for Jesus Yes:  No:

Have you been baptized in water? Yes:  No:  When? \_\_\_\_\_ (date)

Have you received the baptism of the Holy Spirit? Yes:  No:  When? \_\_\_\_\_ (date)

Do you speak in tongues? Yes:  No:

**EMPLOYMENT INFORMATION**

Employer’s Company Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Brief job history last four years \_\_\_\_\_

\_\_\_\_\_

I have secured vacation leave of absences from my employer for this trip? Yes:  No:

\_\_\_\_\_

**MISSIONS TRAINING**

It is compulsory for you to have completed the Missions Course before going on a VCI Missions trip.

Have you completed the course? Yes:  No:  If Yes, Date you completed the course \_\_\_\_\_

Are you a current Missions Card Holder? Yes:  No:  Do you need an updated card? Yes:  No:

Do you have previous missions experience? Yes:  No:  If yes, please describe, where, when and your role on the missions’ team:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOCAL CHURCH INFORMATION**

Name of local church you regularly attend: \_\_\_\_\_

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

Fax #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

Your pastor should complete and sign the pastor’s form.

\_\_\_\_\_

**GOALS**

What are your expectations and goals during this mission trip: \_\_\_\_\_

Other comments, concerns and questions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SKILLS**

**CHECK** the following general skills in which you have had actual experiences. Then **CIRCLE** the checks for those in which you consider yourself to excel.

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Leading songs             | 14. <input type="checkbox"/> Housework  |
| 2. <input type="checkbox"/> Leading worship service   | 15. <input type="checkbox"/> Witnessing   |
| 3. <input type="checkbox"/> Sharing your testimony    | 16. <input type="checkbox"/> Tract Distribution   |
| 4. <input type="checkbox"/> Leading discussions       | 17. <input type="checkbox"/> Planning youth programs  |
| 5. <input type="checkbox"/> Starting new enterprises  | 18. <input type="checkbox"/> Camp counseling  |
| 6. <input type="checkbox"/> Organizing games & sports | 19. <input type="checkbox"/> Sunday School teaching   |
| 7. <input type="checkbox"/> Secretarial Skills        | 20. <input type="checkbox"/> Youth Group leader   |
| 8. <input type="checkbox"/> Bookkeeping skills        | 21. <input type="checkbox"/> Youth group worker   |
| 9. <input type="checkbox"/> Repairing machinery       | 22. <input type="checkbox"/> Children’s group worker  |
| 10. <input type="checkbox"/> Photography              | 23. <input type="checkbox"/> Handyman (plumbing, electrical, small/large appliances, carpentry, etc.) |
| 11. <input type="checkbox"/> Teaching God’s Work      | 24. <input type="checkbox"/> Masonry  |
| 12. <input type="checkbox"/> Medical (Nurse or Dr.)   | 25. <input type="checkbox"/> Electronics/Computer   |
| 13. <input type="checkbox"/> Child Care               | 26. <input type="checkbox"/> Other _____  |

**SIGNATURES**

I have received an affirmation from my spouse/parent or guardian for my participation in this missions’ trip:

Yes:  No:

Next of kin \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of spouse/guardian: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION TO YOUR MISSIONS TEAM LEADER OR SEND IT TO:**

VICTORY CHURCHES INTERNATIONAL  
Attention: Administrative Director for Missions  
Box 65077, North Hill P.O.  
Calgary, AB, T2N 4T6

VICTORY CHURCHES of the USA  
Attention: Administrative Director for Missions  
P.O. Box 15063  
Santa Ana, CA 92735

**\*\*This course is available from VCI (address above). The cost is \$40.00. Please make the cheque payable to: Victory Churches International. Or US check payable to: Victory Churches of the USA.**

**The course includes: 4 DVDs: VCI Missions Course, 1 Book: “Keys to Victory on the Mission Field” by Drs. George & Hazel Hill, and a VCI Mission’s card**

**VICTORY CHURCHES INTERNATIONAL**  
**Contract & Release of Liability**  
**FOR MISSION TRIPS**

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**CONTRACT**

I, \_\_\_\_\_ contract with Victory Churches International (VCI) to act according to the disciplines of the Christian faith, to conduct myself appropriately, whatever country I am in, and will not consciously violate local customs. I will not make arrangements or promises with nationals without prior consent by local leadership of VCI. I will not publicly criticize the ministry or country in which I serve and will prayerfully support each ministry and worker.

I certify that I will have sufficient finances before I commence travel on this trip. In addition, that I have either medical insurance to cover my expenses or finances sufficient to cover any medical emergency. Also, that I have life insurance or a statement of liability by next of kin that they will assume financial responsibility for expenses incurred in case of death, injury, or other emergency.

I understand my responsibilities toward the ministry and relationship with VCI in accordance with the attached document.

I, \_\_\_\_\_ understand and I am in agreement with the Missions Policies and Procedures of Victory Churches of Canada. I understand that I am not an employee of Victory Churches International but a self supported Missionary. I further understand that any continued work that I do in association with Victory Children's Home in Rwanda does not constitute employer/employee status and that any monies I receive from them is for expense in relationship to the missions work in Rwanda.

After completing my time of service on the field, I will return to the home church from which I was sent. I understand that violation of any of the above promises could result in immediate dismissal and return to my home country.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_ SIN: \_\_\_\_\_

**RELEASE OF LIABILITY**

I, \_\_\_\_\_, hereby release Victory Churches International (VCI), its individual membership and affiliated organizations worldwide from any liability for any actions, circumstances, financial loss, health loss or death to myself or any member (s) of my family anywhere in the world. I expect no compensation for any loss incurred, or for work, time or finances donated to the work of VCI.

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

Parent/Witness \_\_\_\_\_

Parent/Witness \_\_\_\_\_

*Note: individual countries of service may also require contacts pertaining to local laws.*

**P.O. Box 65077,  
North Hill Post Office,  
Calgary, AB T2N 4T6  
Telephone: 403-286-8337  
Fax: 403-286-8335**



# VICTORY CHURCHES INTERNATIONAL

## Medical Information

### VCI MISSION TRIPS

I am presently under a physician's care:  Yes  No

If yes, explain the condition(s) and how long you have and will expect to be under such care:

\_\_\_\_\_

I am currently taking medication:  Yes  No Medication: \_\_\_\_\_

If YES explain: \_\_\_\_\_

Reason for medication: \_\_\_\_\_ . How long have you been taking medication? \_\_\_\_\_ .

I will need to take this medication during trip:  Yes  No

I am ALLERGIC to: \_\_\_\_\_

I will bring medication for allergies:  Yes  No

For Canadian Residents: I am "COVERED" by medication insurance while outside of the province of residence and Canada:  Yes  No

Name of Medical Insurance Company \_\_\_\_\_ Plan # \_\_\_\_\_

#### TO BE COMPLETED BY PHYSICIAN IF UNDER DOCTOR'S CARE

To the best of my knowledge \_\_\_\_\_ is physically able to undertake this mission trip.  
(Applicant's name)

Doctor's Name: \_\_\_\_\_ Doctor's signature: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_



# VICTORY CHURCHES INTERNATIONAL

## Pastor's Recommendation

### VCI MISSION TRIPS

**Please Print Clearly**

**Attention Pastor:** This form is detailed because this person may possibly be considered for longer-term service in the future. Please take the time to answer all questions as thoughtfully as possible. Please forward this in a sealed envelope to the address above to the attention of "Missions Director", "CONFIDENTIAL". This will be retained in our confidential files and will not be shown to or discussed with the applicant.

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

Your Name: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Church Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Ordained By: \_\_\_\_\_ Email: \_\_\_\_\_

Ministering with: Organization/Fellowship: \_\_\_\_\_

1. How long have you know the applicant? \_\_\_\_\_ years \_\_\_\_\_ months

2. Has your relationship been:

Intensive     Very Close     Close     Casual     Intermittent     Distant     Other

3. Please evaluate the applicant's personal character:

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement in Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. The applicant's spiritual influence on others is:     Positive     Neutral     Negative

5. To your knowledge does the applicant:     Smoke     Drink     Use illegal drugs

6. Does the applicant have any problem that we should be aware of:     Yes     No

If yes, explain: \_\_\_\_\_

7. Do you believe this person is ready for this trip?  Yes  No

If no explain: \_\_\_\_\_

8. Has the applicant been involved in heresy or unbiblical doctrines?  Yes  No

If yes, explain: \_\_\_\_\_

9. If applicant is married: How would you describe the relationship of husband and wife:

\_\_\_\_\_  
\_\_\_\_\_

10. How long have you known the applicant as a Christian?

\_\_\_\_\_

11. Do you know any doctrinal point on which the applicant is not well-balanced?  Yes  No

If yes, explain: \_\_\_\_\_

**12. Christian Experience**

- Profound and contagious
- Genuine and growing
- Genuine but mild
- Over emotional
- Relatively superficial
- No observation

**Personal Devotions:**

- Has regular habits of Bible study and prayer
- Has devotions regularly
- Usually has personal devotions
- Has no regular habits of Bible reading or prayer
- No observation

**13. Church or Church-Related Meetings and Other Christian Meetings:**

- Faithfully attends all services possible
- Regularly attends most services
- Usually gets to one service on Sunday
- Attends irregularly
- Does not attend
- No observation

14 Does this person tithe?  Yes  No

15. From the standpoint of Christian service, do you consider the applicant to be:

- Superior
- Above Average
- Average
- Below Average

16. Other Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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