



Greetings!

We are so grateful for your interest in serving at Restoration Gateway (RG) in a long term capacity. Every person who is considering coming to RG as a Long Term Missionary must first read the **General Handbook** and the **Long Term Mission Additional Handbook** (both found on our website at www.restorationgateway.org).

Please be aware that anyone considering serving at RG on a long term basis will need to meet with the Executive Directors, Dr. Tim & Janice McCall, before being considered for approval. Please contact our office to schedule a time to meet with them before completing this package.

After reading both handbooks, each individual or family must complete the following application package:

1. **Long Term Mission Application** – Only one application must be completed, whether going as an individual or as a family.
2. **Release & Indemnification Agreement(s)** – RG requires that every person traveling to our campus sign this form before leaving the States. Please make a copy for **each** person to sign (**original signatures are required**). Those under 18 years of age must have a parent or legal guardian sign this form on their behalf.
3. **Long Term Missionary Reference Forms** – Reference forms are an important part of the approval process. Please make copies of this form and give them to 2 non-family members who know you well. If going as a missionary couple rather than an individual, your references must know both of you. Those providing your references will be responsible for returning the forms directly to our office in a timely manner.
4. **Application Fee(s)** - Submit a \$50.00 application fee for **each** person. Application fees for families with **more than 3 people** will be capped at \$100.00.

The completed package should be **mailed** to our office at the mailing address listed below. You will not be considered for approval until you have met with the McCall's and we have received the completed package, appropriate fees, both references and your background report. Once approved, you will receive some additional documents that will provide helpful information for your upcoming trip to Uganda.

Please contact our office if you have any questions about any of these forms.

Mailing Address: 4300 W. Waco Dr. B2-314, Waco, TX 76710

Phone: 254-752-0583

Email: go@restorationgateway.org

Website: www.restorationgateway.org



Long Term Mission Application (Serving 1 year or longer)

Please mail this completed application package to Restoration Gateway, 4300 W. Waco Dr. B2-314, Waco, TX 76710. You will also need to include the \$50.00 application fee **per person** in this package. **NOTE: The application fee for families with more than 3 people will be capped at \$100.00 per family.** All information gathered through the application process will be handled confidentially.

GENERAL INFORMATION

Date of Application: _____

Full Name - Individual or Head of Household (as appears on driver's license): _____

Gender: _____ Age: _____ Date of Birth: _____ Birthplace (city, state): _____

Current Address: _____

Permanent Address (if applicable): _____

Home Phone: _____ Cell Phone: _____ Marital Status: Single _____ Married _____

Driver's License: State Issued _____ DL # _____ Passport #: _____

Email Address: _____ U.S. Citizen? Yes _____ No _____

Twitter Name @ _____ Facebook: _____

U.S. Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Contact Email: _____

What languages can you read, speak and write fluently? _____

Full Name of Spouse (as appears on driver's license) if applicable: _____

Gender: _____ Age: _____ Date of Birth: _____ Birthplace (city, state): _____

Date of Marriage: _____ Spouse Cell Phone: _____

Driver's License: State Issued _____ DL # _____ Passport #: _____

Email Address: _____ U.S. Citizen? Yes _____ No _____

Twitter Name @ _____ Facebook: _____

Name and Ages of Minor Children Coming to RG (if applicable):

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

What languages can you read, speak and write fluently? _____

Have you been to Restoration Gateway before? Yes _____ No _____

If not, how did you hear about us?

If you have been to RG previously, please include details on visit, time frame, duration, ministry focus, whether you came with a team, etc.

DATES REQUESTED: Complete desired date range

(MM/DD/YYYY - MM/DD/YYYY) _____ TO _____

MINISTRY FOCUS

Those serving long term at RG may have a specific ministry focus and other general responsibilities. Please check one or more of the following ministry areas you (and your family members) have an interest in serving.

- Evangelistic Outreach
- Discipleship (youth)
- Preaching/Teaching
- Tutoring RG Children
- Pastoral Training
- Technology
- Medical
- Finance/Accounting
- Mechanic
- Administration
- Journalism
- Worship Ministry
- Photography
- Audio Production
- Dance
- Sports
- Other (Please list: _____)
- Other (Please list: _____)
- Other (Please list: _____)
- Church Planting
- Discipleship (adults)
- Teach at RG's School
- Mentorship
- Construction
- Agriculture
- Dental
- Human Resources
- Engineering
- Communications
- Graphic Design
- Audio/Visual
- Video Production
- Art
- Music
- Team Hospitality

Please state briefly why you (and your family) are passionate about your selected choice(s).

EDUCATION BACKGROUND: Please list all schools attended after grammar school (high school, technical college, university, graduate school, Bible institute or seminary).

Individual or Head of Household:

School Name	Location	Year Completed	Degree	GPA

Spouse (if applicable):

School Name	Location	Year Completed	Degree	GPA

Are there any training courses or seminars you have completed which you feel have helped prepare you for the ministry experience you are applying for? If so, please list the course title, date completed and the major benefit to you.

Individual or Head of Household:

Spouse (if applicable):

EMPLOYMENT HISTORY:

Individual or Head of Household:
Most Recent Employer _____ Phone Number _____
Address _____
Position(s) Held _____
Employment Start Date _____ Employment End Date _____
Supervisor/Manager _____ May we contact? Yes___ No___
Reason for Leaving _____
Past Employer _____ Phone Number _____
Address _____
Position(s) Held _____
Employment Start Date _____ Employment End Date _____
Supervisor/Manager _____ May we contact? Yes___ No___
Reason for Leaving _____

Spouse (if applicable):
Most Recent Employer _____ Phone Number _____
Address _____
Position(s) Held _____
Employment Start Date _____ Employment End Date _____
Supervisor/Manager _____ May we contact? Yes___ No___
Reason for Leaving _____
Past Employer _____ Phone Number _____
Address _____
Position(s) Held _____
Employment Start Date _____ Employment End Date _____
Supervisor/Manager _____ May we contact? Yes___ No___
Reason for Leaving _____

STRENGTHS & SKILLS: List your top three strengths and weaknesses.

Individual or Head of Household:

Strengths

Weaknesses

1. _____
2. _____

1. _____
2. _____

3. _____

3. _____

Spouse (if applicable):

Strengths

1. _____

2. _____

3. _____

Weaknesses

1. _____

2. _____

3. _____

Please note any additional skills or interests:

Individual or Head of Household:

Spouse (if applicable):

MINISTRY PROFILE

What aspects of ministry excite you? What aspects don't?

Individual or Head of Household:

Spouse (if applicable):

List your top three spiritual gifts.

Individual or Head of Household:

1. _____

2. _____

3. _____

Spouse (if applicable):

1. _____

2. _____

3. _____

How have you seen these gifts fit with your ministry experience?

Individual or Head of Household:

Spouse (if applicable):

PERSONAL STORY - Please include brief responses.

Describe your faith journey. Include how God got your attention and some significant experiences and people that He used. How has this journey prepared you for this position?

Individual or Head of Household:

Spouse (if applicable):

How does this position fit into your short and long term goals? What do you hope to gain from this experience?

Individual or Head of Household:

Spouse (if applicable):

ADDITIONAL QUESTIONS

What areas of your life would you like to see developed as a result of this long term mission experience?

Individual or Head of Household:

Spouse (if applicable):

If you were to write a mission statement for your life, what would it be?

Individual or Head of Household:

Spouse (if applicable):

What do you like to do for fun (individually or as a couple)?

REFERENCES

You are responsible for sending the reference form at the end of this application to at least two of the non-family members listed below. Any person completing a reference for a married couple must know both of you. *Note: The references are needed to complete the approval process. Please make sure those you give the form to understand the importance of returning them in a timely manner.*

List two contacts you have served under in ministry (if applicable):

1. Name _____ Phone _____
Relationship to applicant _____
Email Address _____

2. Name _____ Phone _____
Relationship to applicant _____
Email Address _____

List two contacts you have served with in ministry (if applicable):

1. Name _____ Phone _____
Relationship to applicant _____
Email Address _____

Relationship to applicant _____
Email Address _____

List two people you have influenced through your leadership:

1. Name _____ Phone _____
Relationship to applicant _____
Email Address _____

2. Name _____ Phone _____
Relationship to applicant _____
Email Address _____

CHURCH OR PARACHURCH BACKGROUND

Please list all churches you have regularly attended in the past 10 years and any previous ministry experience or volunteer involvement.

1. Current Church Name _____ Dates Attended _____
Church Address _____

Church Phone _____ Email _____
Staff Contact (name and position) _____

Ministry Experience

2. Previous Church Name _____ Dates Attended _____

Church Address _____

Church Phone _____ Email _____

Staff Contact (name and position) _____

Ministry Experience

BACKGROUND INFORMATION

Individual or Head of Household:

Are you legally authorized or permitted to work in the United States? Yes ___ No ___

Are there any past or present issues (spiritual, physical, emotional/mental, social) which would hinder your ability to work appropriately with children or students? Yes ___ No ___

Have you been accused, charged or convicted of a criminal offense (felony or misdemeanor other than a parking violation)? Yes ___ No ___

Have you struggled in the past or are you currently struggling with any addictions (alcohol, drugs, pornography, etc.)? Yes ___ No ___

Is there anything from your past that may come up in the future about you that could hurt the ministry of Restoration Gateway? Yes ___ No ___

If you are under a doctor's care (for any reason), have you been cleared to travel? Yes ___ No ___

If you answered "no" to the first question or "yes" to the remaining questions, please explain below (attach an additional page if needed).

Spouse (if applicable):

Are you legally authorized or permitted to work in the United States? Yes ___ No ___

Are there any past or present issues (spiritual, physical, emotional/mental, social) which would hinder your ability to work appropriately with children or students? Yes ___ No ___

Have you been accused, charged or convicted of a criminal offense (felony or misdemeanor other than a parking violation)? Yes ___ No ___

Have you struggled in the past or are you currently struggling with any addictions (alcohol, drugs, pornography, etc.)? Yes ___ No ___

Is there anything from your past that may come up in the future about you that could hurt the ministry of Restoration Gateway? Yes ___ No ___

If you are under a doctor's care (for any reason), have you been cleared to travel? Yes ___ No ___

If you answered "no" to the first question or "yes" to the remaining questions, please explain below (attach an additional page if needed).

BACKGROUND CHECK

This form authorizes Restoration Gateway to obtain background information and **must** be completed by the applicant(s).

Legal Name of **Individual or Head of Household** (first, middle, last) _____
Other Names Used (maiden, nickname, alias) _____

Legal Name of **Spouse (if applicable)** (first, middle, last) _____
Other Names Used (maiden, nickname, alias) _____

*If you have lived at your current address less than three years, please provide your **former address** below.*

*If your current address is temporary, please provide your **permanent address** below.*

In the interest of safety and security, I the undersigned applicant(s), authorize Restoration Gateway to procure background information about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request.

Signature of Individual or Head of Household _____

Signature of Spouse (if applicable) _____ **Date** _____

*Return with your application package by **MAIL** (not email) to:
Restoration Gateway, 4300 W. Waco Dr. B2-314, Waco, TX 76710*



RELEASE AND INDEMNIFICATION AGREEMENT

Executed on _____, 20____ (date) by and between **Restoration Development Foundation, Inc.** (RDFI) dba **Restoration Gateway** (RG) and _____ (name) as the **Participant** and _____ (name, if required) as the Parent(s) and/or Legal Guardian(s) for **Participants** under 18 years of age or who require a legal guardian.

*** Definitions ***

Note: The terms defined on this page are printed in bold face wherever they appear in the Release. Please refer to the definitions as set forth on this page.

Restoration Gateway: Shall refer to and include **Restoration Development Foundation, Inc.** (501 (C) (3) nonprofit) 4300 W. Waco Dr. Waco, TX 76710; **Antioch Ministries International-Uganda** Karuma, Masindi, Uganda; the **Restoration Gateway Project**, and any Restoration Gateway activities on/en-route/surrounding the Restoration Gateway land, facilities, or housing, and its operators, agents, employees, lessors, heirs, successors, and/or assigns.

Participant/I/Me/My: Shall refer to _____ (name) who will participate in any activity or program directly or indirectly related to **Restoration Gateway**, including travel or facility visitation and/or use.

We/Our/Us: Shall refer to _____ (name, if required) who are/is the parent(s) and/or legal guardians(s); and also shall include the **Participant** who actually signs or executes this Release. In addition, **“We”** or **“Our”** shall include, with respect to each parent and/or legal guardian, and with respect to the **Participant**, their spouse, children, heirs, personal representative(s), successor(s), administrator(s), legal representative(s), and/or guardian(s).

*** Release Provisions ***

The purpose of this Release is to relieve **Restoration Gateway** from legal liability under the circumstances set forth in this document. The effect of this document, when signed, is to preclude you from asserting various legal rights which you may otherwise have in the absence of such an agreement. Please read the provisions carefully.

The **Participant** has voluntarily applied to participate in the above Activity or Trip. **I/We** acknowledge that the nature of the Activity or Trip may expose the **Participant** to hazards or risks that may result in illness, personal injury or death and **I/We** understand and appreciate the nature of such hazards and risks.

In consideration of the **Participant’s** participation in the Activity or Trip, **I/We** hereby accept all risk to health and injury or death that may result from such participation and **I/We** hereby release the **Restoration Gateway Project, Restoration Development Foundation, Inc., and Restoration Gateway Charitable Trust** from any and all liability to **Me/Us, My/Our** personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to **My/Our** property and for any and all illness or injury to My person, including death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of the **Restoration Gateway Project, Restoration Development Foundation, Inc., Restoration Gateway Charitable Trust**, or otherwise. **I/We** further agree to indemnify and hold harmless the **Restoration Gateway Project, Restoration Development Foundation, Inc. and Restoration Gateway Charitable Trust** from liability for the injury or death of any person(s) and damage to property that may result from **My/Our** negligent or intentional act or omission while participating in the described Activity or Trip.

I/WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY/OUR PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME/US TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY/OUR NEGLIGENT ACT OR OMISSION.

PARTICIPANT:

PARENT/LEGALGUARDIAN:

 Full **Legal** Name
 _____ (Address)
 _____ (City, State, Zip)

 Full **Legal** Name
 _____ (Address)
 _____ (City, State, Zip)

 Signature of **Participant**

DATE SIGNED: _____

Signature of **Witness** (REQUIRED at Time of Signing)

DATE SIGNED: _____

Signature of **Parent/Guardian**

DATE SIGNED: _____

*Return with your application package by **MAIL** (not email) to:
Restoration Gateway, 4300 W. Waco Dr. B2-314, Waco, TX 76710*

Long Term Missionary Reference Form (Serving 1 year or longer)

**** All information gathered through the screening process will be handled confidentially. ****

Name of Applicant(s) _____ Date _____

Name of Reference **(non-family member)** _____

Connection to Applicant(s) _____ Number of Years Known _____

Phone _____ Email Address _____

Please answer the questions with as much candor as possible. An answer that might be perceived as negative will not necessarily prevent the applicant(s) from being accepted but may be useful when approaching various issues.

1. What have you observed to be the applicant(s) greatest strengths?

2. What have you observed as his/her greatest weaknesses?

3. How does the applicant(s) perform in a team setting?

4. Do you have any reservations about the applicant's ability to work appropriately with children or students under age 18? If yes, please explain.

5. Which of the following words would you use to describe the applicant(s)? **Circle or highlight all that apply.**

Individual or Head of Household				
self-starter	flexible	supportive	tactful	congenial
picky	shy	easygoing	stable	honest
responsible	calm	leader	rigid	follower
creative	productive	artistic	energetic	outgoing
prompt	sloppy	complainer	friendly	emotional
argumentative	discerning	worker	lazy	patient
relational	respects authority	compassionate	cheerful	team player

Spouse (if applicable)

self-starter	flexible	supportive	tactful	congenial
picky	shy	easygoing	stable	honest
responsible	calm	leader	rigid	follower
creative	productive	artistic	energetic	outgoing
prompt	sloppy	complainer	friendly	emotional
argumentative	discerning	worker	lazy	patient
relational	respects authority	compassionate	cheerful	team player

6. Circle or highlight the personality traits that best describe the applicant(s) from your experience and observation.

Spiritual life	No interest in spiritual growth	Evidence of some spiritual growth	Average	Continual growth in a positive direction	Consistent and mature spiritually	Do not Know
Purposefulness	Aimless, no evident goals	Vacillating in purpose	Average	Consistent movement towards goals	Strives to realize well-formed goals	Do not Know
Initiative	Requires constant oversight	Succeeds only when directed	Average occasional initiative	Shows good initiative	Actively creative and self-motivated	Do not Know
Industry	Needs constant prodding	Needs occasional prodding	Performs assigned tasks	Goes beyond what is required	Seeks additional work	Do not Know
Influence with others	Negative influence	Neutral	Normally good	Consistently good influence	Positive challenge	Do not Know
Acceptance by others	Avoided by others	Tolerated by others	Liked by others	Well-liked by others	Sought after by others	Do not Know
Responsibility	Consistently Irresponsible	Occasionally undependable	Usually reliable	Conscientious and reliable	Capable of much responsibility	Do not Know
Leadership	Always a follower	Tries, but few will follow	Assumes leadership when needful	Takes leadership initiative	Natural leadership which draws followers	Do not Know
Emotional qualities	Overly emotional or apathetic	Occasionally unbalanced	Usually well balanced	Expresses appropriate emotions	Expresses self and empathizes with appropriate emotions	Do not Know
Personal care and appearance	Very careless	Needs some improvement	Usually appropriate care of self	Takes good care of self	Takes exceptional care of self	Do not Know

Rapid change or unexpected circumstances	Ridged and/or exudes anxiety	Somewhat flexible, stresses easily	Looks to others for how to respond	Remains flexible and/or calm	Exudes confidence, remains flexible and/or calm	Do not Know
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7. Are there any other comments or information you would like to share that would aid in our evaluation of the applicant(s)?

Thank you for completing the Long Term Missionary Reference Form.
This is an invaluable resource as we consider the applicant(s).

Please return the completed form electronically via email to go@restorationgateway.org or by mail to Restoration Gateway, 4300 W. Waco Dr. B2-314, Waco, TX 76710