



5105 Tollview Dr., Ste 155
 Rolling Meadows, IL 60008
 (877) 577-1070
www.warmblankets.org

Application for Orphan Mission Group Leadership

Thank you for your interest in partnering with Warm Blankets Orphan Care, Intl. as an Orphan Mission Group Leader. We look forward to learning a bit more about you and your heart for orphans through the following questions. If you are accepted as a Group Leader, an Orphan Mission Advisor will notify you of a compatible project as it becomes available.

Our primary interest is in guarding the safety and privacy of the children with whom we work and this application is designed to prevent unacceptable access to the children in our Church Orphan Homes. If you have any questions as you complete this form, please contact an Orphan Mission Advisor at OMAdvisor@warmblankets.org or call 877.577.1070.

Last Name	First	Middle	Home phone ()	
Home Address	City	State	Zip Code	Cell phone ()
E-mail address		Alternate e-mail address		

Why are you applying to lead an Orphan Mission Group?

Please limit your comments to 350 words or less. You may attach an additional page, if necessary.

Ministry Reference: Please provide us with one reference with whom you have a relationship through ministry. This may be your pastor, a church staff member (current or past), a mission trip leader, etc. (Note: Preference for open OM Group projects is given to persons referred to the program by current OM Group Members. Talk with your Advisor for clarification.)

Name	Ministry relationship	How long?	Phone Number

Three Character References: Please provide three references who have known you for at least two years (no immediate family members, please). This is simply to confirm your basic information.

Name	Relationship	How long?	Phone Number

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please explain: _____ _____
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Information for Background Investigation

A background investigation will be conducted only in the event of interaction with any of the orphans (e.g. a missions trip to a Church Orphan Home). All applicants are required to complete this section, regardless of plans to meet the children.

Please provide your previous addresses for the past seven (7) years. Attach additional pages, if necessary.			
<i>Previous Addresses</i>	<i>City/State</i>	<i>Zip/County</i>	<i>Dates (month/year)</i>

Office Use Only

<input type="checkbox"/> Criminal Check	<input type="checkbox"/> Credit Check	<input type="checkbox"/> Motor Vehicle Check
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I am applying to be a member in the Orphan Missions Group program and I hereby authorize Warm Blankets Children’s Foundation, Warm Blankets Orphan Care, Intl., US Search and/or any of their authorized agents to undertake background check to reveal any personal information that is deemed necessary to make decisions relative to my acceptance in the program and authorize all of my current and former employers, personal, business, and ministry references to provide any information they have regarding me, whether or not it is in their records. Furthermore, I hereby authorize Warm Blankets Children’s Foundation, Warm Blankets Orphan Care, Intl., US Search and/or any of their authorized agents to gather information that might deem the applicant to be a risk to the children and orphans served. I understand that all inquiries on this form are used for identification purposes only in order to conduct a background check, and are asked for legitimate, nondiscriminatory reasons. I hereby release Warm Blankets Children’s Foundation, Warm Blankets Orphan Care, Intl., US Search and any of their authorized agents, former employers, and all other references from all liability whatsoever for actions related to this investigation and understand that there is no invasion of privacy. The information contained in this application is true and correct to the best of my knowledge.

In the event that I am accepted, I understand that any false or misleading information I knowingly provide in this “Application for Membership” form or interview(s) may result in dissolution of my status as a member and hold Warm Blankets Orphan Care, Intl. blameless for any legal action that might result from misrepresenting the information on this form.

It is the practice of Warm Blankets Orphan Care, Intl. to execute this. All information is only used in conjunction with the Orphan Mission Group program and is never sold, rented, or otherwise compromised.

Signature of Applicant

Date



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Statement of Faith

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the deity and humanity of Christ, in His virgin birth, in His sinless life, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, in his present rule as Head of the Church and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful men regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
6. We believe in the resurrection of both the saved and the lost, they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ, with equality across racial, gender, and class differences.

I acknowledge that I have read and understand the Warm Blankets Orphan Care, Intl. Statement of Faith. I recognize that these principles are the foundation of the WBOC philosophy and every action of the organization.

Signature of Applicant

Date