



# American Baptist Home Mission Societies American Baptist Churches Volunteers In Mission

## *Application for Volunteer Service*

Please use type or print in black ink.  
(use additional paper if necessary)

Please attach photo  
(optional)

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

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Permanent Address \_\_\_\_\_ Email \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

### 2. Education

Name of School \_\_\_\_\_ Area of Study \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

High School \_\_\_\_\_

Vocational School \_\_\_\_\_

College \_\_\_\_\_

Seminary \_\_\_\_\_

Graduate School \_\_\_\_\_

### 3. Church Membership

Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_ Pastor \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Are you ordained? \_\_\_\_\_ By what denomination? \_\_\_\_\_ Where \_\_\_\_\_ Date \_\_\_\_\_

4. List ways you have served in your local church \_\_\_\_\_

over

5. List ways you have served your community

6. What basic knowledge, skills, expertise do you have to offer?

7. **Work History** Please list dates of work, type(s) of work and location. Include resumé if available.

Dates	Type of Work	Location

8. **Activities/Hobbies** Please list outside interests, favorite activities.

9. Do you have an ABPS (American Baptist Personnel Services) profile? If yes, may we have access to it?

10. Please give a brief statement of why you would like to serve with National Ministries. Include in your statement how you heard about American Baptist Home Mission Societies.

11. If you have participated in any other missionary service, please describe and give location and dates.

12. Have you ever worked or lived within a multi-cultural environment? If so, please explain.

13. Have you worked with persons from another culture? If so, please describe that work, and where.

14. Do you speak a language other than English? If yes, which language?

15. Do you have a valid driver's license?

16. Please state your preferred type of ministry, if any, and your reasons for that preference.

17. Please give a brief statement of your faith.

18. What are your personal expectations of performing volunteer service?
19. What issues do you hope to address by performing volunteer service?
20. Please list general type of work desired.
21. What do you anticipate to be your length of service?
22. When would you be available for service?
23. Please indicate if you have a mission site preference.
24. Are there any significant medical, physical, or other limitation which might affect your assignment?
25. Have allegations ever been brought against you for sexual discrimination, harassment, exploitation, misconduct, physical abuse, child abuse, or financial misconduct or have you ever been terminated from a professional position or volunteer activity because of these complaints? If so, please explain.

26. Have you ever been convicted of a felony? If so, please explain: \_\_\_\_\_

27. Are you willing to provide a background check if required by the mission setting? \_\_\_\_\_

28. Have you ever applied for volunteer service with International Ministries? If yes, when? \_\_\_\_\_

29. Is there anything else you would like to have us know about you? \_\_\_\_\_

30. American Baptist Home Mission Societies' volunteer assignees are required to carry their own hospital medical plan. Please provide:

Plan name \_\_\_\_\_

Policy number \_\_\_\_\_

Name and address of insurer \_\_\_\_\_

Telephone \_\_\_\_\_

31. Please provide name(s), address and phone number of the person to be notified in case of emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

**32.** Please provide the names, addresses and telephone numbers of four (4) persons to whom we can write for personal references. Do not use family members. At least one person should know you in a work situation, one person should be your local pastor and one person should know you at least five years.

<p><b>(a)</b> _____</p> <p>_____</p> <p>_____</p> <p>Telephone _____</p> <p>E-mail _____</p>	<p><b>(c)</b> _____</p> <p>_____</p> <p>_____</p> <p>Telephone _____</p> <p>E-mail _____</p>
<p><b>(b)</b> _____</p> <p>_____</p> <p>_____</p> <p>Telephone _____</p> <p>E-mail _____</p>	<p><b>(d)</b> _____</p> <p>_____</p> <p>_____</p> <p>Telephone _____</p> <p>E-mail _____</p>

I understand that my completed application for volunteer service and references will be reviewed for endorsement by the Volunteers In Mission Review Committee, and shared with potential mission settings.

\_\_\_\_\_  
Signature

Please return completed application form for volunteer service to:



Volunteers In Mission Office  
 American Baptist Home Mission Societies  
 PO Box 851  
 Valley Forge, PA 19482-0851  
 610-768-2449 • (800) 222-3872, ext. 2449 or 2413  
 610-768-2453 FAX  
 VolunteersInMission@abc-usa.org  
 www.abhms.org/caring\_ministries/vim

# American Baptist Home Mission Societies Volunteers In Mission



## *Insurance for Volunteers*

All volunteers placed by American Baptist Home Mission Societies' Volunteers In Mission (VIM) program are provided with supplemental 24-hour travel/accident insurance. This protection covers each volunteer to and from the field of assignment and throughout the term of service.

**American Baptist Home Mission Societies' volunteers are required to carry their own medical and hospitalization plans.** In the event of illness or required hospitalization not related to an accident, it is expected that the participant will take responsibility for all such costs. In the event of an accident, which might give rise to a claim under the National Ministries policy, please immediately notify the VIM office.

The policy provides \$25,000 accidental death coverage/benefit, as well as a schedule of benefits up to \$25,000 in the event of a loss of limb. There is, also, medical protection for treatment related to an accident in excess of any other medical coverage the volunteer is required to have. National Ministries' coverage will provide reimbursement up to \$2,500.



I have read and understand the terms of insurance coverage provided for me by National Ministries. In the event of an accident, I understand that any cost over the above stated limits is my individual personal responsibility.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Church: \_\_\_\_\_

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

**Please copy for your records and return the original to:**



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