

## ARIZONA VOLUNTEER MISSIONS APPLICATION

### Arizona Volunteer Missions

Missionaries serve in a missionary or mission support role for a minimum of 20 hours a week for a period of 3 months to 2 years, renewable

Submitting this application indicates your agreement to the above time criteria if approved.

Application can be submitted electronically, emailed as an attachment or sent by regular mail, along with a JPEG picture (head/shoulders) to: [azvolmissions@gmail.com](mailto:azvolmissions@gmail.com)

#### PERSONAL INFORMATION

<b>Name: Last</b>	<b>First:</b>	<b>Middle</b>	<b>Date: (M/D/Y)</b>
<b>Preferred Name:</b>	<b>Birthdate (M/D/Y)</b>	<b>Home Phone</b>	<b>Cell Phone</b>
<b>Residence Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email Address</b>	<b>Gender</b>	<b>Race (Optional)</b>	

<b>Languages Spoken Fluently Other Than English</b>	<b>Citizenship</b>
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#### SPOUSE AND FAMILY INFORMATION

<b>Single</b>	<b>Engaged</b>	<b>Married Date:</b>	<b>Widowed</b>	<b>Divorced Date:</b>
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<b>Spouse Full Name</b>	<b>Spouse Preferred Name</b>
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<b>Has spouse applied for CMT</b>	<b>Names of Dependent Children Living with You</b>
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## FINANCIAL STATUS

## INSURANCE

I will provide all my financial support: <input type="checkbox"/> I will be working as a tentmaker. <input type="checkbox"/>	Medical Health:
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## BELIEF AND PRACTICE STATEMENT

BRIEFLY DESCRIBE YOUR CONVERSION EXPERIENCE Include age, place, circumstances of your conversion.

BRIEFLY DESCRIBE YOUR CALL TO MISSIONARY SERVICE.

### CHURCH MEMBERSHIP

Church Name	Pastor's Name	Name of Association
Address	Name of State Convention	
Phone Number	E-mail Address	

### EDUCATION AND TRAINING

Highest Level of Education	Plans for further education
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### EMPLOYMENT EXPERIENCE

FROM	TO	POSITION (TYPE OF WORK)	ORGANIZATION/COMPANY	LOCATION

### RECENT VOLUNTEER MINISTRY EXPERIENCE

FROM	TO	POSITION	MINISTRY AND OCCUPATION



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**REFERENCES**

1. Pastor's Name

Mailing Address	City	State	Zip Code
Telephone	Email Address		

2. Reference Name

Mailing Address	City	State	Zip Code
Telephone	Email Address		

3. Reference Name

Mailing Address	City	State	Zip Code
Telephone	Email Address		

**Please include a current JPEG photo (head and shoulders) with a plain background, as a separate attachment.**