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

					PERSO	ONAL INF	FORMATION
Name: Last	1	First:		Middle	2	Date: (M	M/D/Y)
Preferred Name	: 1	Birthdate (M/D/Y)	Home	Phone	Cell Phone	
Residence Addr	ess (City		State		Zip Code	
Email Address		Gender		Race (Optional)		
Languages Spoken Fluently Other Than English Citizenship							
				SPO	USE AND FA	MILY INF	FORMATION
Single	Engag	ed	Married Date:	SPO	USE AND FA Widowed		vorced
Single Spouse Full Nam		ed		SPO		Div Da Spo	vorced te:

INSURANCE FINANCIAL STATUS I will provide all my financial support: Medical Health: I will be working as a tentmaker. \square **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 Nam	е	Pasto	or's Na	me		Name	of Association	
Address		Nam	e of Sta	ate Conventior	1			
Phone Numb	oer	E-ma	ail Add	ress				
	EDUCATION AND TRAINING							
Highest Leve	l of Educ	ation			Plans for fu	ırther	education	
	EMPLOYMENT EXPERIENCE							
FROM TO	POS	ITION (TYPE OF WC	PRK)	ORGANIZAT	TION/COMPA	.NY	LOCATION	
RECENT VOLUNTEER MINISTRY EXPERIENCE								
FROM	ТО	POSITION		MINISTR	Y AND OCCI	JPATIO	DN	

ANSWER ALL THE FOLI	OWING IN THE (CORRESPONDING BOX	YES	NO
Do you believe that the Bible is	inerrant, "truth v	vithout any mixture of error"?		
Do you believe that the miracle occurred?	es and historical e	vents in the Bible actually		
Do you believe that Jesus Chris our sins, rose bodily from the	_			
Do you recognize immersion o	f believers as the	scriptural mode of baptism?		
Are you an active member, in g Baptist church?	good standing, of	a cooperating Southern		
Do you give regularly to support participation in the Cooperative mission offerings?				
Are you actively involved in pe	rsonal verbal witn	essing?		
Do you engage in public or pri	vate glossolalia (s	peaking in tongues)?		
Have you ever been convicted	of a felony?			
Do you use tobacco products?				
Have you consumed alcohol as	a beverage in the	e last twelve (12) months?		
Is there anything in your lifesty mission cause (eg. Illegal use o				
PE	RMANENT CONT	ACT PERSON		
Name	Mailing Addres	s		
City	State	Zip Code		
Telephone	Email Address			
Liability Release If I accept placement with the Ariz expect any organization which I m for any loss or damage to my perselease the Arizona Southern Bapt local church or other place of Chr. Signature	nay work or be asso sonal property or a list Convention, SBO	ociated with to be responsible or l ny injury or illness I may suffer. I C, its related entities, local associa	iable to hereby	o me

REFERENCES					
1. Pastor's Name Mailing Address	City	State	Zip Code		
Telephone	Email Address		·		
2. Reference Name					
Mailing Address	City	State	Zip Code		

3. Reference Name

Telephone

Mailing Address City Zip Code State

Telephone **Email Address**

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

Email Address