



MERCY MINISTRIES FOUNDATION

Volunteer Personal Form

This form is to be completed by any applicant for a volunteer position within/involving Mercy Ministries Foundation. We recognize that this form is extensive but ask for your patience in completing it in its entirety. Your cooperation will assist us in providing a secure environment for both you the volunteer as well as the children, youth and adults involved with our ministry. Your responses will remain confidential although there may be some circumstances where information may be provided on a “need to know” basis to individuals working within our ministry or to those in order to evaluate your application.

We thank you for your cooperation.

Please print:

Name:

Last *First* *Middle*

Home Phone: _____

Present Address: _____

Address

City *State* *Zip code*

Date of birth: _____

Marital Status: _____

Citizenship: _____ Passport number: _____

Emergency contact details: _____

Name

Phone

Relationship to the applicant

Spiritual History

How long have you attended _____ Church?

Church/Organization name

Are you a member of this Church? _____Yes _____No

Do you attend regularly (two or more times a month)? _____Yes _____No

Have you been baptized? _____Yes _____No

Briefly explain your spiritual journey including when you received Christ as Savior.

Have you taken any courses or had any training that would equip you for Christian Ministry?
If so, please list.

Ministry History

Please list present and previous ministry experience.

Ministry	Pastor/Supervisor's email
1. _____	_____
2. _____	_____
3. _____	_____

Qualifications and Availability for Service

Briefly describe your motivation for wanting to serve with this ministry.

Describe any condition or limitation that may restrict or prevent you from performing certain

activities involved with the volunteer position. (i.e. lifting, handling an emergency, driving, participation in certain sports etc.)

Do you have any contagious or infectious disease or condition that could be transmitted to others in the volunteer work you would be performing? _____Yes _____No If yes, please explain.

Legal Information

Have you ever been convicted of a criminal offense (except for minor traffic violations)?

_____Yes _____No

Have you ever been convicted of a sexual offense, offense relating to children or crime of violence (that is not covered in the question above)? _____Yes _____No

If you have ever been convicted of such an offense, please attach a statement or explanation including nature of offense and date.

Have you had any painful experience (personal abuse in any form) that has better equipped you, or may hinder you from a productive ministry? _____Yes _____No If yes, please explain.

Do you have any drug, alcohol or substance abuse problems? _____Yes _____No
If yes, please explain.

Do you practice a sexually pure lifestyle as taught in the scriptures? _____Yes _____No

BE ASSURED THAT YOUR COMMENTS WILL BE HELD IN STRICT CONFIDENCE

Personal References

Please give the name and email address of two people (who have known you more the one year) who can be contacted as references.

1. Name: _____

Email: _____

2. Name: _____

Email: _____

Applicant's Statement

The responses I have provided in completing this application form are complete, truthful and accurate.

I hereby authorize Mercy Ministries Foundation to make inquiries concerning my background in connection with evaluating the information I have provided on this form. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I understand that my service with mercy Ministries Foundation shall be volunteer service. I affirm that I will strictly comply with all policies and procedures of Mercy Ministries Foundation. If at any time I find that for any reason I am unable to support the vision, policies, procedures or doctrine of the ministry, I will resign my volunteer position. I

understand and agree that failure by me to abide by such policies and procedures may result in my dismissal, or in disciplinary action, all at the discretion of the ministry.

Applicant's Signature: _____ Date: _____

Applicant's Name (please print): _____

Witness' Signature: _____ Date: _____

Witness' Name (please print): _____

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