



Dear Prospective RV volunteer:

Thank you for your interest in the Church Mobilization RV Volunteer ministry. In order to ensure this process goes as smoothly as possible, please include the following items with your application:

Completed application

**(Note:** If you are married, both the husband and wife need to submit an application.)

Current photo

Copy of driver's license

Copy of Social Security card

Confidential References

Background Authorization

Completed Assumption of Risk

\$50 processing fee\* (make checks payable to "Church Mobilization

Please allow 6–8 weeks for your application to be processed. The screening process will begin once all the requested information has been received. We will notify you promptly when your application(s) has been approved.

Mail these items to:

**Assemblies of God U.S. Missions  
Attn: Church Mobilization  
1445 N. Boonville Avenue  
Springfield, MO 65802**

You may fax this to: **(417) 862–0409 Attn: Church Mobilization**

Or e-mail it to [churchmobilization@ag.org](mailto:churchmobilization@ag.org)

Church Mobilization and RV Volunteers is a ministry of Assemblies of God U.S. Missions.

\*Pay online at [giving.ag.org](http://giving.ag.org). If you pay by check, please make the check payable to "Church Mobilization" and include **725–101** on the memo line. If you prefer to pay by credit card, please call Contributor Services toll free at (877) 840–4800 and provide account number **725–101**.

# RV VOLUNTEER APPLICATION



## PERSONAL INFORMATION

Full name

Nickname

Maiden name  
*if applicable*

Address

City

State

Zip

Primary phone

Secondary phone

E-mail address

Gender

Date of birth

Marital status

If married, spouse's name

Languages you speak (other than English)

Will any minor children be traveling with you on a regular basis?

If yes, please list:

Name

Gender

Birthday

Name

Gender

Birthday

Name

Gender

Birthday

## EMERGENCY CONTACT

Full name

Address

City

State

Zip

Primary phone

Secondary phone

Relationship to you

## EMPLOYMENT HISTORY

Please list your occupational history for the last ten years.

OCCUPATION

COMPANY

DATES EMPLOYED

(start/end in years)

Have you ever been convicted of or pleaded guilty to a felony?

If yes, please explain.

## VOLUNTEER INFORMATION

What type of work are you applying for?

Construction

Other

If other, please explain.

Are you willing to work under the direction of a group leader and/or construction supervisor?

If no, please explain.

Please choose three areas from the list below in which you feel you can make a worthwhile contribution.

Accounting/bookkeeping

Data entry (computer)

Architecture

Draftsman

Cabinetmaking (install/repair)

Drywall hanging

Carpet laying

Drywall finishing

Concrete work

Electrical

Cooking

Emergency medical (EMT)

Carpentry

Engineer

Evangelism

Fire alarm systems

Finish carpentry

General office work

Heavy equipment operation

Handyman work

HVAC work

Landscaping/gardening

Masonry (brick/block)

Musical instruments\*

Painting

Plumbing

Preaching/public speaking

Roofing

Secretarial work

Other work not listed

\* Please list

Sewing

Siding (metal/vinyl)

Singing

Sound tech (sound systems)

Stucco work

Suspended ceiling installation

Telephone

Tiling (ceramic)

Tiling (vinyl)

Truck driving

Upholstery

Vehicle maintenance

Wallpaper hanging

Welding

## **FINANCIAL INFORMATION**

Are you financially able to support yourself while working as a volunteer?

List the source(s) of income (i.e., retirement, social security, etc.)

Are you willing to work thirty hours per week without remuneration other than a place to park your RV?

## **RV VOLUNTEER SERVICE**

When will you be available to begin an assignment with Church Mobilization RV Volunteers?

Do you own an RV?

## CHRISTIAN EXPERIENCE AND SERVICE

Conversion date (*estimated*)

Name of church currently attending

Are you a member?

City

State

Zip

Denomination

Do you use tobacco?

Drink alcohol?

If yes to either, please explain.

Where have you volunteered in church (board member, youth, Sunday school teacher, etc.)?

List any "special efforts" in which you've participated (outreaches, mission trips, etc.).

Are you credentialed with the Assemblies of God?

If yes, which level?

If yes, which district?

## PERSONAL REFERENCES

Please give the Ministry Reference to someone in ministry with whom you've worked and one to a personal reference (not related to you). The reference forms will be e-mailed directly to the Church Mobilization office, not to you. (Instructions are included on each of the forms.)

List the names and phone numbers for each reference.

Ministry reference name

Phone number

Email

Personal reference name

Phone number

Email

**APPLICANT STATEMENT—PLEASE READ CAREFULLY**

In consideration of the receipt and evaluation of this application by the missionary/pastor/institution and Church Mobilization, I agree and represent that:

- The information contained in this application is correct to the best of my knowledge.
- I authorize any references, schools, current or former employers, current or former supervisors, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for Church Mobilization assignment. **I hereby release any individual, employer, church, reference, or any other person or organization, including record custodians, both collectively and individually, and whether identified in this application or not, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with authorization.** I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding release which I have read and understood.
- Should my application be accepted, I agree to be bound by the bylaws and policies of U.S. Missions and to refrain from any conduct in violation of U.S. Missions teaching, doctrines, and policies. I agree to abstain from alcohol, tobacco, and drug use while volunteering on a project. I further agree that Church Mobilization and the U.S. Missions Executive Committee shall have the sole and final authority to determine whether specific conduct violates U.S. Missions teachings, doctrines, and policies. If found in violation, my membership could be terminated.

**I have read and understand the above provisions and agree to them.**

I \_\_\_\_\_ any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Signature

Print name

Date

Witness

Print name

Date

# ASSUMPTION OF RISK

Assemblies of God U.S. Missions

What an honor it is to have you apply for missionary service. We want to acquaint you with the philosophy and expectations of Assemblies of God U.S. Missions (AGUSM). We also want to give you the opportunity to fully evaluate the undeniable fact that times of extreme stress and crisis will come that could cause you to question whether or not you would have participated on this mission if you had known all the facts. It is impossible to predict, fully prepare you, or furnish you with all aspects of what you may face. We have, therefore, prepared some basic assumptions which we both must make. Please prayerfully consider the following assumption statement before signing and returning it to AGUSM. Your application cannot be processed without the proper signatures on this form.

I, \_\_\_\_\_, IN CONSIDERATION of my acceptance as U.S. Missions personnel, in cooperation with the Assemblies of God U.S. Missions, and other considerations the sufficiency of which is acknowledged, represent and agree that:

1. Status. I am a volunteer and/or self-employed worker and acknowledge that I am not traveling as an employee of The General Council of the Assemblies of God.

I attest and certify that I am physically fit and have no medical conditions that would prevent me from performing my duties.

2. Risks of Travel. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such as hazards and risks including but not being limited to injury; increased stress; accident; disease; inadequate medical services and supplies; death; criminal acts (including terrorism); natural disasters; weather conditions; government action; risks of traveling to or from destinations. I recognize that I may be subjected to potential risks, illnesses, injuries, and even death. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23–28).

I also acknowledge that in working, living and traveling in cities, I may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which I am accustomed. I acknowledge that it is my responsibility to take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that Assemblies of God U.S. Missions recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being.

3. **GENERAL RELEASE AND ASSUMPTION OF RISK:**

**KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY JOB DUTIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND ITS AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH AND/OR DISTRICT COUNCIL, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING**

**BUT NOT LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.**

4. Minor children. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and on their behalf as their parent and legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described.
5. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
6. Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.
7. I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTEARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to my job duties, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

Signature

Name

Witness signature\*

Date witnessed

*\*witness cannot be spouse*

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# INFORMATION RELEASE FORM

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## Photo/Model Release

In consideration of my engagement as a model, I hereby grant to the General Council Assemblies of God, and its representatives and employees, the irrevocable right to take photographs and videos of me, and to make recordings of my voice, and to use these images and recordings, as well as my name and biographical information, as follows:

- The use may include reproduction, distribution, modification, display, and performance.
- The use may be in composite or modified forms and in any media, now known or later developed.
- The use may be for any purpose throughout the world and in perpetuity.

I further acknowledge that I will not be compensated for these uses, and that the General Council exclusively owns all rights to the images and recordings. I waive the right to inspect or approve uses of the images and recordings. I hereby release the General Council, its representatives and employees, from any claims that may arise from these uses, including claims of defamation, invasion of privacy, or rights of publicity or copyright. This release is binding on me, my heirs, assigns, and estate.

I am 18 years of age or older and have read the above authorization and release prior to its execution. If under 18 years of age, the legal guardian indicated below has signed on my behalf.

Print (check one)

- I authorize my information to be available on printed elements.  
 I do not authorize my information to be available on printed elements

Web (check one)

- I authorize my information to be available on the U.S. Missions Web site.  
 I do not authorize my information to be available on the U.S. Missions Web site.

Media (check one)

- I authorize my information to be available on the audio and video components.  
 I do not authorize my information to be available on audio and video components.

Completed by:

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

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

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



(If married, both spouses must sign for information to be released).



U.S. MISSIONS



# BACKGROUND AUTHORIZATION

*Assemblies of God U.S. Missions*

I, \_\_\_\_\_, hereby authorize Assemblies of God U.S. Missions and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for U.S. Missions status now and, if applicable, during the tenure of my ministry with Assemblies of God U.S. Missions.

I release Assemblies of God U.S. Missions and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Applicant's full legal name

Maiden name or other names used

Social Security number

Date of birth

Signature

Witness 1

Date

Witness 1 signature

Witness 2

Date

Witness 2 signature

## PREVIOUS RESIDENCES

Please list all residences where you have lived in the **past 5 years**. If necessary, use an attached sheet to complete this request.

### Current residence

Street address

City

State

Zip

Years at residence

### Previous residence

Street address

City

State

Zip

Years at residence

### Previous residence

Street address

City

State

Zip

Years at residence

### Previous residence

Street address

City

State

Zip

Years at residence

### Previous residence

Street address

City

State

Zip

Years at residence