

# the **Voice** of the **Martyrs**

## Short-Term Volunteer Ministry Application

### General *(Please Print)*

Mr.  Mrs.  Miss  Rev.  Dr.  Other \_\_\_\_\_

Name: \_\_\_\_\_  
*First Middle Last*

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

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

Primary phone: \_\_\_\_\_ *Circle: Home / Cell / Work* Alternate phone: \_\_\_\_\_ *Circle: Home / Cell / Work*

E-mail: \_\_\_\_\_ Preferred method of contact:  E-mail  Phone

Date of Birth: \_\_\_\_\_

I am applying on behalf of:  Myself  Myself and My Spouse  My family

Group-Name: \_\_\_\_\_

When would you like to volunteer? \_\_\_\_\_

How long would you like to volunteer? \_\_\_\_\_

### Personal

Who should be contacted in the event of an emergency?

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

Primary phone: \_\_\_\_\_ *Circle: Home / Cell / Work* Alternate phone: \_\_\_\_\_ *Circle: Home / Cell / Work*

Do you receive the Voice of the Martyrs' newsletter?  Yes  No

What is your current relationship with VOM? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why would you like to volunteer for VOM? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested?  Yes  No If yes, explain on a separate piece of paper.

Do you know anyone who works or volunteers at VOM?  Yes  No If yes, who and how?

\_\_\_\_\_

\_\_\_\_\_

### Spiritual

**\*\*On a separate piece of paper include your testimony and a short statement of your present spiritual condition\*\***

Do you attend Church regularly?  Yes  No Are you a member?  Yes  No

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

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever served on any previous mission trips?  Yes  No **Groups:** please list previous mission trips.

If yes, briefly describe location, purpose, date and organization leading trip: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education**

State the highest level of education completed: \_\_\_\_\_

Degree:  Yes  No Type: \_\_\_\_\_

**References**

Church Reference - pastor, church staff or lay leader in your local church that knows you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Give two other references (*not family*) whom you have known more than three (3) years.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Experience** Please list any relevant employment or volunteer ministry experience of training.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you read and understood the 5 Main Purposes of The Voice of the Martyrs?  Yes  No

Have you read and agree with The Voice of the Martyrs' Statement of Faith?  Yes  No

Are you willing to submit yourself to the oversight and leadership of VOM?  Yes  No

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I hereby certify that the information contained in this application and any attachment is true to the best of my knowledge. I give permission to The Voice of the Martyrs to verify the content of this application. Further, I release all parties from liability for any damages that may result from use of such information by The Voice of the Martyrs.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*Thank you for your interest in serving the persecuted church. Please continue to pray for the Lord's will as you await a response. If you have questions, please contact Volunteer Services at (918) 337-8015 or [volunteer@vom-usa.org](mailto:volunteer@vom-usa.org).*

Updated: 05/07

**Fax to:** Fax # (918) 336-7424, Attention: Volunteer Services **Or**

**Mail to:** The Voice of the Martyrs  
Attention: Volunteer Services  
P.O. Box 443  
Bartlesville, OK 74005-0443

