

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

How did you hear about VOM/volunteering? _____

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. You may also use this area to add anything that you wish for us to know about yourself that would determine the approval of your application.

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

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. I acknowledge that there has been no promise or expectation of employment. 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.

Updated: 07/09

Fax to: (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

