



# 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*

PO Box 6, Chiangrai

Phone: 66 53 705 273

57000 Thailand

Fax: 66 53 705 169

Email: [contactus@mmfthailand.org](mailto:contactus@mmfthailand.org)

## **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.

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

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## **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.

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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.)

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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.

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### **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.

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Do you have any drug, alcohol or substance abuse problems? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain.

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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**

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## **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): \_\_\_\_\_