

Volunteer Missions Application

Name on Passport _____

Passport Number Expiration Date _____

First Name _____ Last Name _____

Preferred Name _____ Date of Birth _____ Gender **M F**

Address _____

City _____ State _____ Zip _____

Primary Phone Number _____ Email Address _____

Emergency Contact Information (Someone who will not be traveling with you)

Emergency Contact Name _____ Primary number _____

Church Name _____

***Character Reference**

Enter name, email, phone number, and how known of someone that knows you well

***Ministerial Reference**

Enter pastor or church staff members name, email, phone, and how known

Lifestyle Considerations

*Please read the following information very carefully. It is extremely important for you to understand the responsibilities and lifestyle expected of a TBMB volunteer. The unique and special nature of Tennessee Baptist Mission Board (TBMB) requires all volunteers associated with TBMB to manifest conduct and actions that project an image consistent with the expressed purpose and mission of TBMB. Conduct or actions that are perceived as inconsistent with the belief and values of Tennessee Baptists are unacceptable. Examples of such conduct are involvement with alcohol, illegal drugs, harassment of any kind, or sex outside the marriage relationship between a man and a woman.

1. *Do you have, or have you had, any lifestyle, conduct, or activity that would project an image which could be reasonably seen as inconsistent with these expectations? **YES NO**
2. *Have you ever been convicted of a misdemeanor or felony? **YES NO**
3. *Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor or contributing to the delinquency of a minor? **YES NO**
4. *Are you currently under any investigation or pending charge? **YES NO**

If you answered “yes” to question(s) 1, or 2, or 3, or 4, please, elaborate:

5a. *Do you currently drink alcohol? **YES NO**

5b. *Do you currently use tobacco products? **YES NO**

5c. *Do you currently use drugs? **YES NO**

If you answered “Yes” to questions 5a. and/or 5b., would you be willing to forgo your personal use of these items during your time of volunteer service? **YES NO**

6. *Do you have any physical or mental health condition(s) or impairments(s) that could limit you from international travel and performing ministry on a team? **YES NO**

***Affirmation of Content**

I affirm that the information provided in this volunteer application is true and complete. I understand that, if I am accepted for volunteer service, any false information or omissions will affect my continued eligibility for consideration, service and/or participation without any obligation or liability whatsoever. I agree to immediately notify TBMB if I should be convicted of or charged with a felony, or any crime involving dishonesty or a breach of trust, or any change or occurrence that alters any of the information contained within the application, while my volunteer application is pending, or after my application has been approved. **YES NO**

***Investigation of Content**

I authorize the investigation of all statements contained in this application and further, any person, church, school, current employer, past employer(s) and organizations that might know of my qualifications for volunteer service to provide TBMB with relevant information and opinion that may be useful to TBMB in making a decision, and I release such persons and organizations from any legal liability in making such statements. **YES NO**

***Legal Adult**

I verify that I am at least 18 years of age when signing this document and therefore, an adult. **YES NO**

***Mission Volunteer Agreement**

I understand that my actions, statements, and behaviors reflect on my Lord, my church, and Tennessee Baptist Mission Board. Therefore, by signing below, I agree to be prudent in all actions, statements, and behaviors while on the volunteer mission project for which I am applying. Specifically, I will refrain from the use of alcohol and tobacco while engaged in this project, complete the required background screening process, and view the child protection training video.

***Volunteer Signature** _____

If minor, a parent/legal guardian will need to sign also _____

***=REQUIRED**