

For Office Use Only

Received _____
Interviewed _____
Approved _____
Volunteer # _____
Sponsor # _____



**Application for Mission of Mercy
Volunteer Representative**
Updated 4/10

Date of Application: / /
Month Day Year

Full Name: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____ (____) _____
Day Evening

Best time to contact: ___AM ___PM ___Weekends

Email: _____

Date of birth: / / (*must be 18 or older*)
Month Day Year

Marital Status: ___Married ___Single ___Divorced ___Widowed

Spouse's Name: _____

Children's names and ages: _____

Occupation: _____

Employer: _____

List any formal education above high school: _____

What, if any, has been your previous involvement with Mission of Mercy?

Why would you like to be involved with our Volunteer Network?

Do you have any possible limitations? (i.e. travel, public speaking, time)

List some of your strengths: _____

List some of your weaknesses: _____

I am interested in the following types of activities: (please check all that apply)

- Representing Mission of Mercy in my church at a Mercy Sunday (suggested 1-2 times per year)
- Speaking at other churches and other appropriate places in my community (suggested at least once per year)
- Staffing sponsorship sign-up tables at concerts and events
- Representing Mission of Mercy on my college campus
- Placing Mission of Mercy brochure displays in churches and businesses in my community (suggested 5 displays)
- Speaking to friends, families and small groups (suggested 1 meeting every 2 months)

List any type of Christian work or volunteer experience:

What does being a Christian mean to you? What does Jesus Christ mean to you?

Local church/fellowship you attend: _____

Position of involvement in your church: _____

Pastor or leader who knows you: _____

Phone: (____) _____ Email: _____

Please list two personal references (excluding family members):

Name: _____ Relationship: _____

Phone: (____) _____ Email: _____

Name: _____ Relationship: _____

Phone: (____) _____ Email: _____

Statement of Faith

- ❖ We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- ❖ We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
- ❖ We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father and in His personal return in power and glory.
- ❖ We believe that for the salvation of lost and sinful people, regeneration by the Holy Spirit is absolutely essential.
- ❖ We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- ❖ We believe in the spiritual unity of believers in our Lord Jesus Christ.

By signing below, I agree to the Statement of Faith and I authorize Mission of Mercy the release of information to conduct an appropriate background check. By signing this commitment of vows and upon acceptance as a Mission of Mercy Volunteer, I will, with God's help, do my best to serve the interests and mission of Mission of Mercy and represent the organization in ways pre-approved by its directors.

Applicant signature _____ Date _____

Please **mail** this completed application to: Mission of Mercy
15475 Gleneagle Drive
Colorado Springs, CO 80921

Or you may **fax** it to Monika Haddon
at **719-481-4649**