

**ASSEMBLIES OF GOD WORLD MISSIONS
VOLUNTEER APPLICATION**

In-house Office volunteering in: MK Office

Satellite Office volunteering in: _____

Volunteer's Name: _____

Address: _____

Home Phone #: _____ **Cell #:** _____

E-mail: _____

Emergency contact:

Name: _____ **Relationship:** _____

Home Phone #: _____ **Cell#:** _____

Married **Single**

As a volunteer, I will assist in the ministry to reach souls for the Kingdom.

I concur with the following:

- **I know Christ as my personal Savior.**
- **I am in agreement with the teaching of the Assemblies of God.**

I attest and verify that I am physically fit to participate as a volunteer and have no medical conditions that would prevent me from performing volunteer services.

I waive any and all claims of injury or damages which I may have against the Assemblies of God World Missions, the AGWM Satellite Office or the General Council of the Assemblies of God.

Volunteer Signature

Date

AGWM Office Representative

Date

Submit a copy to the AGWM Personnel Specialist