

IBW GLOBAL MISSIONS

WILLING WORKER VOLUNTEER APPLICATION

Please remember to sign and date your application. If you are under 18 years of age, a parent or guardian will also need to sign this application.

First Name: _____ Last: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Alternate Ph: _____

Best time to call: _____ E-mail Address: _____

Church/Ministry Affiliation: _____ Pastor's Name: _____

Address, Church/Ministry: _____

List your leadership/volunteer experience: _____

List any training, education or spiritual gifts that have shaped you: _____

Check any IBW GLOBAL Ministry you would like to be involved with:

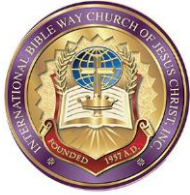
Administration	Communications	Evangelism	Education	Finance	Fundraising
Hospitality	Logistics & Planning	Missions Ministry	Multi-Media	Security	Transportation

Other Outreach:

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____



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REFERENCES:

Please list TWO names of people not related to you whom you have known for at least one year. Please include phone numbers.

Name: _____ Phone: _____

Name: _____ Phone: _____

PLEASE TELL US WHY YOU WANT TO BE A VOLUNTEER: _____

Do you have a passport? Yes _____ No _____

Signature: _____

Date: _____

Thank you for your interest in International Bible Way Global Missions, and for filling out our volunteer application.

For office use only

Director of Administration _____ *Date* _____

Executive Director _____ *Date* _____

Welcome letter mailed on (Date) _____