

**LUTHERAN ASSOCIATION OF MISSIONARIES AND PILOTS U.S**  
**VOLUNTEER IN MINISTRY APPLICATION FORM**  
**(Please Print)**

New Volunteer \_\_\_\_\_ Returning Volunteer \_\_\_\_\_ Community \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) (\_\_\_\_) \_\_\_\_\_ Phone (work) (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

*Please list only the phone number(s) where you can be reached during daytime business hours.  
No evening calls will be made.*

Emergency Contact Information \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone Number

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Relationship \_\_\_\_\_

Are you applying as an individual or a member of a team? \_\_\_\_\_ Individual \_\_\_\_\_ Team  
(if team member, please list names of other team members and indicate the team contact person)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish to serve: \_\_\_\_\_ Vacation Bible School \_\_\_\_\_ Servant Event

What dates are you available? \_\_\_\_\_

**MINISTRY**

Congregation where you are a member \_\_\_\_\_

Address \_\_\_\_\_

Pastor's name \_\_\_\_\_ Phone \_\_\_\_\_

Ministries within your congregation you have been involved in \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL**

Some volunteer situations will be challenging and strenuous. Please respond fully to the following:

General health:

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Allergies, disabilities or other health considerations: \_\_\_\_\_

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*If you are taking prescription medications, please be sure that you bring enough of a supply to sustain your time during your service. Prescription medication cannot be re-filled in the small communities where we serve.*

**WORK HISTORY** (begin with most recent)

Employer	Position	Dates
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**VOLUNTEER SERVICE**

Organization	Position	Dates
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## REFERENCES

Please provide us with the names, addresses and phone numbers of three personal references and identify their relationship with you (pastor, teacher, co-worker, friend)

1.

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2.

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3.

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I certify that all above information is true and complete \_\_\_\_\_  
Signature Date



**Please mail your completed application and authorization/liability form to:**

**Lutheran Association of Missionaries and Pilots U.S.  
3525 North 124th Street ▪ Brookfield, WI ▪ 53005-2498  
(262) 783-5267 • (888) 783-5267**

**If you are applying as part of a group, please return all of the applications in one packet together.**

## Authorization and Liability Release Form

As a Lutheran Ministry we are committed to ensuring that the highest caliber of staff and volunteers lead our ministry within the communities we serve. Integrity with the people whom we serve is of paramount importance in a Christ-honoring ministry. Therefore, **we require a National Criminal and Sex Offender check on all staff and volunteers prior to their service.** Additionally, while we attempt to pursue the highest standards of ministry safety, we cannot be responsible for all contingencies in the mission field.

By signing below, I declare:

- I grant permission to the staff of Lutheran Association of Missionaries and Pilots U.S. (L-US) to seek a National Criminal and Sex Offender record check.
- I understand that L-US may decline my volunteer participation based on the information received in such a background check.
- I am 18 years of age or older and I have voluntarily applied to volunteer for the L-US.
- I consider myself healthy enough to fulfill my responsibilities during this volunteer service.
- I understand that I am engaging in this volunteer service at my own risk.
- I understand that as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by L-US, and that I will not be eligible for any Workers Compensation benefits.
- I assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause during my participation as a volunteer. I agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against L-US or any of its affiliated organizations, or either of their officers, directors, staff, agents, sponsors and successors collectively or individually for the injury or death to me or damage to my property, however caused, arising from my service as a volunteer.

Volunteer Signature \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_  
(If volunteer is under age 18)

Date \_\_\_\_\_

Name: (please print) \_\_\_\_\_

Social Security Number (required for record check) \_\_\_\_\_

Date of Birth (required for record check) \_\_\_\_\_  
(month) (day) (year)

All information secured in your volunteer application and the background check, including your social security number, will be kept in the strictest confidence and will be used only for determining your volunteer service with Lutheran Association of Missionaries and Pilots U.S. Information is not sold or shared with others except as may be required by law.

**This form must be returned with your application.**