

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

Returning Volunteer _____ Village _____ New Volunteer _____

Date ___/___/200___ 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.

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)

SERVICE

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 DATA

Present Occupation _____

Date of Birth _____

Citizenship _____

Marital Status _____

Spouse's Name _____

Children Name _____ Age _____

 Name _____ Age _____

 Name _____ Age _____

(Additional names may be added on the back of this form)

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

General health:

Allergies, disabilities or other health considerations: _____

PLEASE NOTE: If you are taking prescription medications, please be sure that you bring enough of a supply to sustain your time in Alaska. Prescription medication cannot be re-filled in the small communities where we serve and certain conditions may preclude you from having a prescription re-filled in Fairbanks.

Several of the communities served are fly-in communities. Our aircraft have size & weight restrictions. Therefore, if you are interested in serving, we will need the following information:

Your Weight _____ Your Height _____

WORK HISTORY (begin with most recent)

Employer	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. _____

2. _____

3. _____

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.