



Dear Prospective Volunteer:

Thank you for your interest in the U. S. MAPS RV Volunteer ministry. This ministry offers people who have a heart for ministry, an opportunity to invest their time, talents and resources, and be actively engaged in helping build the Kingdom of God. With an ever growing need for assistance, having you consider joining the ranks of hundreds of other RV Volunteers is important to us. We are pleased to enclose the application packet you requested.

- Carefully read all instructions and complete the forms. Both husband and wife should complete separate applications. Please be as complete as possible as lack of information may cause your application to be delayed.
- Because some work assignments would allow you to be in contact with minor children, Sections VII must be completed in it's entirety. We are required by law to have this information on file. For liability purposes, Section VIII must also be completed in full.
- Please enclose a recent photograph with your application.
- Have each person completing the enclosed reference forms return the forms to our office as soon as possible. Having these forms completed in a timely manner will insure the application process is not delayed.
- The processing fee is \$50.00 per person. Make your check payable to "U. S. MAPS."
- With so many sexual issues affecting our society today, legal counsel requires a criminal background investigation on all applicants. The enclosed Consent forms must be filled out and returned with your application.

Please allow 6-8 weeks for your application to be processed. The screening process will begin once all the requested information has been received. We will notify you promptly when your application(s) has been approved.

Again, thank you for your interest in becoming a member of the RV Volunteers of the Assemblies of God. We look forward to hearing from you soon as you prayerfully consider joining this great family of God's choicest servants. Together, we are building His Kingdom.

May God richly bless you.

The U. S. MAPS Office Staff

Enclosures

There is a \$50 application fee per person for the RV Volunteers application and the Missionary/Summer Associates application. If married both husband and wife must complete the

application and turn in forms for both the RV Volunteer ministry and the Missionary or Summer Associate ministries.

RV Volunteers application requires completed application and:

- 1—pastor's reference form
- 2—confidential reference forms
- 1—background investigation consent form

Missionary and Summer associate applications require a completed application and:

- 1—pastor's reference form
- 2—confidential reference forms
- 1—employers reference form (if applicant is working)
- 1—background investigation form
- 1—Christian conciliation and arbitration agreement



# APPLICATION FOR SERVICE

**IMPORTANT!**  
 Please include the \$50.00  
 Application fee

Attach a photo or  
 Snap shot of yourself.

Failure to send picture or  
 application fee will  
 delay processing of application.

## Section I: Personal Data (Please type or print clearly.)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Marital Status: Single  Married  Widowed  Spouse's Name \_\_\_\_\_

Name you go by \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security# \_\_\_\_\_

List any minor children who will be traveling with you on a regular basis:

	Name _____	Male/Female, Birthdate _____
	Name _____	Male/Female, Birthdate _____
	Name _____	Male/Female, Birthdate _____

### IN CASE OF EMERGENCY, NOTIFY:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Relationship \_\_\_\_\_

## Section II: Occupational Data

Please list your occupational history for the last 10 years:

OCCUPATION	COMPANY	DATES (from / to)

What type of work are you volunteering for? Construction  Other

Are you willing to work under the direction of a group leader and/or construction supervisor? Yes  No

(Section II: Occupational Data continued)

Number your first 3 priorities in which you can make a worthwhile contribution.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>A/B</b> Accting/Bkkeepg     | <input type="checkbox"/> <b>HE</b> Heavy Equipment Operator | <input type="checkbox"/> <b>STU</b> Stucco                    |
| <input type="checkbox"/> <b>ARC</b> Architect           | <input type="checkbox"/> <b>HVAC</b> Heat/Vent/Air          | <input type="checkbox"/> <b>SUSP</b> Suspended Ceilings       |
| <input type="checkbox"/> <b>CAB</b> Cabinet Maker       | <input type="checkbox"/> <b>HYM</b> Handyman                | <input type="checkbox"/> <b>TELI</b> Telephone-Install/Repair |
| <input type="checkbox"/> <b>CAR</b> Carpet Layer        | <input type="checkbox"/> <b>L/G</b> Landscaping/Gardening   | <input type="checkbox"/> <b>TILC</b> Tile – Ceramic           |
| <input type="checkbox"/> <b>CEM</b> Concrete Work       | <input type="checkbox"/> <b>MASB</b> Masonry-Brick/Block    | <input type="checkbox"/> <b>TILF</b> Tile – Comp Floor Tile   |
| <input type="checkbox"/> <b>CDL</b> Truck Driver        | <input type="checkbox"/> <b>MEDT</b> EMT Technician         | <input type="checkbox"/> <b>UPH</b> Upholstery                |
| <input type="checkbox"/> <b>COOK</b> Cooking            | <input type="checkbox"/> <b>MUS</b> Music _____             | <input type="checkbox"/> <b>VEH</b> Vehicle Maintenance       |
| <input type="checkbox"/> <b>CPT</b> Computer Experience | <input type="checkbox"/> <b>MET</b> Metal Structure         | <input type="checkbox"/> <b>WH</b> Wallpaper Hanger           |
| <input type="checkbox"/> <b>CRP</b> Carpenter           | <input type="checkbox"/> <b>OFF</b> General Office          | <input type="checkbox"/> <b>WLD</b> Welder                    |
| <input type="checkbox"/> <b>CRPF</b> Finish Carpenter   | <input type="checkbox"/> <b>PA</b> PA Sound System          |   |
| <input type="checkbox"/> <b>DRF</b> Draftsman           | <input type="checkbox"/> <b>PLB</b> Plumbing                | <input type="checkbox"/> <b>OTHER</b> _____                   |
| <input type="checkbox"/> <b>DRY</b> Drywall Hanger      | <input type="checkbox"/> <b>PNT</b> Painting                |   |
| <input type="checkbox"/> <b>DRYF</b> Drywall Finisher   | <input type="checkbox"/> <b>PRE</b> Preach/Speak            |   |
| <input type="checkbox"/> <b>ELC</b> Electrical          | <input type="checkbox"/> <b>ROF</b> Roofing                 |   |
| <input type="checkbox"/> <b>ENG</b> Engineer _____      | <input type="checkbox"/> <b>SEC</b> Secretarial             |   |
| <input type="checkbox"/> <b>EVNG</b> General Evangelism | <input type="checkbox"/> <b>SEW</b> Sewing/Seamstress       |   |
| <input type="checkbox"/> <b>FIRS</b> Fire Alarm Systems | <input type="checkbox"/> <b>SID</b> Siding-Metal/Vinyl      |   |

Are you Bi-lingual? Yes  No  If yes, what language(s)? \_\_\_\_\_

**Section III: Financial Data**

Are you financially able to support yourself while working as a volunteer? Yes  No

Please list source(s) of income (i.e. pension, social security) \_\_\_\_\_

Are you willing to work 30 hours per week without remuneration other than a place to park your RV? Yes  No

**Section IV: Data for Service**

What date will you be available to begin an assignment with MAPS RV Volunteers? \_\_\_\_\_

Do you own an RV? \_\_\_\_\_

**Section V: Christian Experience and Service**

Date and place of conversion \_\_\_\_\_

Name of church you attend \_\_\_\_\_ Are you a member? Yes  No

Denomination \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Do you use tobacco or alcoholic beverages? Yes  No  If yes, explain \_\_\_\_\_

What position have you held in church (i.e. SS Teacher, Youth, Board Member, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

List special efforts in which you have participated (i.e. witnessing outreach, MAPS trips, AIM, etc.) \_\_\_\_\_  
\_\_\_\_\_

(Section V: Christian Experience and Service continued)

Are you a credentialed Assembly of God minister? Yes  No  If yes, are you: Ordained  Licensed   
Special Licensed  Certified Minister  With which District? \_\_\_\_\_

(District Name)

**Section VI: Personal References**

*Reference forms are enclosed with this application. Please give the Pastors Reference to the senior pastor of the church that you attend. Give one reference to a church board member, and the other reference to a friend. Since references are confidential, each person filling out a reference form should be provided with one of the enclosed return envelopes so that he/she can mail the reference form directly to our office. Your application will be processed once we receive all the reference forms and the background check is complete. Approval normally takes 6-8 weeks.*

List name and phone number of your references (Please type or print clearly):

Senior Pastor \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Board Member \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Friend \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

**Section VII: Children/Youth Work Section** (Copyright 1994 Church Law & Tax Report)

*This section of application must be completed by all applicants of the U.S. MAPS Ministry for any position (volunteer or compensated) that could involve the supervision or custody of minors. This is not an employment application form. Persons seeking U.S. MAPS assignment are required to complete the entire application in addition to this screening form. This form is being used to help the missionary/pastor/institution and U.S. MAPS provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.*

**PERSONAL**

Name

\_\_\_\_\_ Last First Middle

*Identity must be confirmed with a state driver's license or other photographic identification.*

Present Address

\_\_\_\_\_ Zip Street City ST

Home Phone (\_\_\_\_) \_\_\_\_\_ Contact Phone (\_\_\_\_) \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a felony? Yes  No  If yes, please explain (attach a separate page if necessary) \_\_\_\_\_

Do you have a current driver's license? Yes  No  Drivers License Number: \_\_\_\_\_

**CHURCH HISTORY AND PRIOR CHILDREN/YOUTH WORK**

Name of church of which you are a member:

\_\_\_\_\_

List (name and address) other churches you have attended regularly during the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ -  
\_\_\_\_\_

List all previous church work involving children/youth (list each church's name and address, type of work performed, and dates):

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

List all previous non-church work involving children/youth (list organization's name and address, type of work performed, and dates):

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

List any gifts, callings, training, education, or other factors that have prepared you for children/youth work: \_\_\_\_\_

\_\_\_\_\_

What types of children/youth work do you prefer?

\_\_\_\_\_

**CHARACTER REFERENCES**

**THIS IS REQUIRED TO COMPLETE YOUR APPLICATION PROCESS**

*Reference forms for this section will be sent out from the AGUSM MAPS office. When listing your character references, please keep in mind that they will need to be non-related persons who have seen you interact with children. (i.e. neighbors, VBS or SS workers, Bus ministry, Children's church workers, Nursery workers, etc.) **YOU WILL NOT BE WORKING WITH CHILDREN.** However, children may be present at certain projects, i.e. church schools, daycare, children's homes, etc.*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

**APPLICANT'S STATEMENT – READ CAREFULLY!**

In consideration of the receipt and evaluation of this application by the missionary/pastor/institution and U.S. MAPS, I agree and represent that:

- ❖ The information contained in this application is correct to the best of my knowledge.
- ❖ I authorize any references, schools, current or former employers, current or former supervisors, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for U.S. MAPS assignment. **I hereby release any individual, employer, church, reference, or any other person or organization, including record custodians, both collectively and individually, and whether identified in this application or not, from any and all liability for damages of whatever kind**

**or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with authorization.** I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding release which I have read and understand.

- ❖ Should my application be accepted, I agree to be bound by the bylaws and policies of Mission America Placement Service (MAPS) and to refrain from any conduct in violation of MAPS teachings, doctrines, and policies. I further agree that the U.S. Missions MAPS Screening Committee and the U.S. Missions Committee shall have the sole and final authority to determine whether specific conduct violates U.S. MAPS teachings, doctrines, and policies. If found in violation, my membership could be terminated.

**I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO THEM**

I (check one) *waive*  *do not waive*  any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

➤ Applicants \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
Witness \_\_\_\_\_ Date \_\_\_\_\_

**Section VIII: Assumption of Risk**

*This section **must** be completed by **all** applicants; failure to do so **will delay processing**, since the application will have to be returned to you for completion.*

I, \_\_\_\_\_ (name of volunteer), in consideration of my acceptance as a short-term volunteer with the Mission America Placement Service (MAPS) of the Assemblies of God U.S. Missions of the General Council of the Assemblies of God, represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of U.S. MAPS, the Assemblies of God U.S. Missions, or the General Council of the Assemblies of God.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks. I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize that such risks have always been associated with missionary service. *2 Corinthians 11:23-28*
3. I waive and release any and all claims for damages which I, or my heirs or successors, may have against U.S. MAPS, the Assemblies of God U.S. Missions, The General Council of the Assemblies of God, any District Council of the Assemblies of God, the host church or other host organization, or any agent or employee of any such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.
4. In the event that I have minor children, or grandchildren who will accompany me on my assignment, I, acting both on my behalf and in their behalf as their parent, grandparent and legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.

5. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
6. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.**

**SIGNATURES**

Date: \_\_\_\_\_

\_\_\_\_\_  
Legible Signature

\_\_\_\_\_  
Legible Signature of Spouse

\_\_\_\_\_  
Address City State  
Zip

**IMPORTANT: Please have 2 witnesses observe your signature(s), and have them sign below. They must be at least 18, and should not be relatives.**

\_\_\_\_\_  
Witness Address City State Zip

\_\_\_\_\_  
Witness Address City State Zip

**Dedicated Christians who are loyal to a church, who are spiritually mature, and physically able to work are invited to put faith and dedication into action through the U.S. MAPS ministry. All sections of this application must be answered accurately and completely; failure to do so will delay processing since the application will have to be returned to you for completion. Mail the application and your photograph to the following address:**

**MISSION AMERICA PLACEMENT SERVICE  
1445 North Boonville Avenue  
Springfield, MO 65802  
Telephone: (417) 862-2781, Ext. 1396  
Toll Free 877-346-6277**



Assemblies of God U.S. Missions MAPS  
 1445 N Boonville Ave. Springfield, MO 65802  
 Phone: 1-877-346-6277 Fax: (417) 862-0409  
 E-mail [USMissionsmaps@ag.org](mailto:USMissionsmaps@ag.org)

<b>PASTORAL REFERENCE</b>
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*Please Print*

APPLICANT'S NAME	
CURRENT ADDRESS	
PHONE NUMBER	

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This form should be filled out by the applicant's senior pastor. If you are related to the applicant, please pass this form on to one of your associates or youth pastors. It is important that you know this person well enough to make a good decision as to whether this applicant is suitable for this type of assignment. When completing this form we ask you to be candid and as detailed as possible. Your comments are deeply appreciated and will be held in strict confidence.

The MAPS office must receive this reference form before the applicant's file can be processed. Please complete both sides of the reference form and return in the provided envelope. Thank you for taking the time to help us with this process.

**Please mark each item with an X. (1=Excellent 2=Good 3=Average 4=Questionable)  
 After each section please comment on any outstanding strengths or problems. PLEASE PRINT!**

How long have you known the applicant and under what circumstances? \_\_\_\_\_

PHYSICAL	1	2	3	4	?
1) Health					
2) Energy/stamina					
3) Hygiene and attire					
Comments:					

EMOTIONAL	1	2	3	4	?
1) Emotional stability					
2) Temperament					
3) Resistance to depression					
4) Reaction to new situations					
Comments:					

TEAM	1	2	3	4	?
1) Group loyalty					
2) Respect for authority					
3) Responsible					
4) Resourceful					
Comments:					

-OVER-

SOCIAL	1	2	3	4	?
1) Consideration of others					
2) Friendly					
3) Tact					
4) Family Relations					
5) Conduct with the opposite sex					
6) Conduct with the same sex					
7) Attitude toward other races					
8) Honesty					
Comments:					

INTELLECTUAL	1	2	3	4	?
1) Leadership ability					
2) Ability to complete tasks					
3) Self-discipline					
4) Study habits					
5) Clarity of speech					
6) Teachable					
Comments:					

SPIRITUAL	1	2	3	4	?
1) Spiritual maturity					
2) Consistency of testimony					
3) Devotional life					
4) Burden for souls					
5) Involvement in Christian service					
6) Church attendance					
Comments:					

Is there any reason why this applicant should not work with children or adults? Circle: **Y** or **N**  
**If yes, please explain on a separate sheet of paper and attach to this form.**

How would you rate the applicant's ability to serve effectively in ministry?

Please circle:           **1=Excellent    2= Good    3=Average    4=Questionable**

Frankly state your opinion of the applicant's fitness for Christian service and vocational potential. Please add any information or comments you feel could aid our screening committee in the processing of this applicant.

Please write additional comments on a separate sheet of paper if more space is needed.

--

YOUR NAME:	DATE:
ADDRESS:	
PHONE NUMBER:	E-MAIL ADDRESS:
CHURCH NAME:	CHURCH AFFILIATION:



Assemblies of God U.S. Missions MAPS  
 1445 N Boonville Ave. Springfield, MO 65802  
 Phone: 1-877-346-6277 Fax: (417) 862-0409  
 E-mail [USMissionsmaps@ag.org](mailto:USMissionsmaps@ag.org)

**CONFIDENTIAL  
REFERENCE**

*Please Print*

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CURRENT ADDRESS	
PHONE NUMBER	

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PHYSICAL	1	2	3	4	?
1) Health					
2) Energy/stamina					
3) Hygiene and attire					
Comments:					

EMOTIONAL	1	2	3	4	?
1) Emotional stability					
2) Temperament					
3) Resistance to depression					
4) Reaction to new situations					
Comments:					

TEAM	1	2	3	4	?
1) Group loyalty					
2) Respect for authority					
3) Responsible					
4) Resourceful					
Comments:					

-OVER-

SOCIAL	1	2	3	4	?
1) Consideration of others					
2) Friendly					
3) Tact					
4) Family Relations					
5) Conduct with the opposite sex					
6) Conduct with the same sex					
7) Attitude toward other races					
8) Honesty					
Comments:					

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Please write additional comments on a separate sheet of paper if more space is needed.

--

YOUR NAME:	DATE:
ADDRESS:	
PHONE NUMBER:	E-MAIL ADDRESS:
CHURCH NAME:	CHURCH AFFILIATION:

# ASSEMBLIES OF GOD U.S. MISSIONS

## BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_ hereby authorize Assemblies of God U.S. Missions and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for U.S. Missions status now and, if applicable, during the tenure of my ministry with Assemblies of God U.S. Missions.

I release Assemblies of God U.S. Missions and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Full Name (Printed)

\_\_\_\_\_  
Maiden Name or Other Names Used

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Driver's License Number*

\_\_\_\_\_  
*State of License*

*Please list below all residences where you have lived in the past 5 years. If necessary, use an attached sheet to complete this request.*

*Current Residence:*

\_\_\_\_\_

\_\_\_\_\_

*Years of residence:* \_\_\_\_\_

*Previous Residence:*

\_\_\_\_\_

\_\_\_\_\_

*Years of residence:* \_\_\_\_\_

*Previous Residence:*

\_\_\_\_\_

\_\_\_\_\_

*Years of residence:* \_\_\_\_\_

*Previous Residence:*

\_\_\_\_\_

\_\_\_\_\_

*Years of residence:* \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*\*Please use back side if needed for additional residences.*