

# INTERNATIONAL WORLD CHANGERS



## Adult Leadership Roles Volunteer Application

**Thank you** for your willingness to serve in a leader role at IWC. This application is very important to us. Here are instructions:

1. Complete this electronic form in one sitting and print it out.
2. You will **NOT** be able to save your work electronically.
3. Move your cursor to the desired field, use TAB to move to the next field.
4. This form must be completed in its entirety.
5. Print out, sign and return form to your Project Coordinator.

IWC project location: \_\_\_\_\_

Project date: \_\_\_\_\_

Position for which you are applying:

- Crew Manager
- First-Aid Coordinator
- Other: \_\_\_\_\_

### General Information

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Birth Date \_\_\_\_\_ Gender: \_\_\_M\_\_\_F\_\_\_ E-Mail \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Church Membership at \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

### Qualifications

How long have you been a Christian? \_\_\_\_\_ How long a member at current church? \_\_\_\_\_  
General health (check one):  Excellent  Good  Fair  Poor  
Do you have any physical conditions, such as food allergies, asthma, high blood pressure, illness, etc. that might affect your ability to serve in this position on the project? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
List your experience working with teenagers: \_\_\_\_\_  
\_\_\_\_\_  
Please rate the amount of your experience working with teenagers:  Extensive  Considerable  Some  Little or none  
Have you ever attended an International World Changers project?  Yes  No. A domestic World Changers project?  Yes  No  
Other mission trips? \_\_\_\_\_  
What other experience do you have that qualifies you for a position at an International World Changers project? \_\_\_\_\_  
\_\_\_\_\_

### References

*(List two people that we may contact, other than current employer, who have known you for at least one year. One of these should be a pastor or staff member of your church.)*

**Reference 1:** Name \_\_\_\_\_ Title \_\_\_\_\_ Known how long? \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Reference 2:** Name \_\_\_\_\_ Title \_\_\_\_\_ Known how long? \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## Legal Information

Bearing in mind that your proposed service may involve access to children, is there anything in your personal history that indicates you may have a problem involving sexual attraction to children or any related tendencies that could pose a risk of harm to any children you encounter during your service?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been charged with or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?  
 Yes  No

If yes, please explain: \_\_\_\_\_

Has your church conducted a county/state/national background check on you within the past four years?  Yes  No

If yes, do you agree to the release of this information to the Project Coordinator for the purpose of verifying your fitness to serve in this project?  Yes  No

## Waiver

**Please put a check below to indicate your agreement to the following:**

- I certify that the information on this application is true and accurate to the best of my knowledge. I understand that false information will be grounds for termination from any leadership or service roles related to this project.
- I hereby authorize you to verify all information contained on this application with former employers, references, or appropriate personnel or resources. I further authorize that any personnel at the above listed places of employment or reference may disclose any and all information regarding my work history, personal characteristics, salary, work habits or other areas of importance to this organization. Furthermore, I waive the right to sue the aforementioned references for releasing such requested information.
- I understand that participants at International World Changers projects agree not to use tobacco products, alcoholic beverages or non-prescription drugs; and not to have possession of or use any fireworks, firearms, knives (does not include utility knives), or weapons of any other kind. I agree to abide by this IWC policy.
- If I accept the above volunteer position for an IWC mission project, I will not expect any organization with which I may work or be associated to be responsible or liable to me for any loss or damage to my property, any personal injury or illness or any other injuries or damage I may suffer. In consideration of my admission to volunteer service, and for other good and valuable consideration, on behalf of myself, my heirs, executors, administrators, and assigns, I hereby release the International Mission Board of the Southern Baptist Convention and its related agencies, any state Baptist convention, or local association and any employee of the foregoing organizations from any and all such claims or demands.

I understand this authorization and termination policy and agree to the release and verification of the aforementioned information.

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

*(Signature is required for application to be complete.)*