

**VOLUNTEER APPLICATION FORM**  
**For short-term ministry opportunities with Prayer Ministries International**

Thank you for your interest in volunteer opportunities with PMI. By filling out this application, you will help us to determine which opportunities might best fit your interests and skills. **Items marked with an asterisk (\*) are optional.**  
**Please attach a resume.**

Please **PRINT, CHECK, or CIRCLE** appropriate answers.

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

**Name:** \_\_\_\_\_  
First Middle Last

**Spouse Name:** \_\_\_\_\_ **\*Date of Birth:** \_\_\_\_\_ **Gender**  Female  Male  
(if applicable)

**Citizen of:**  Canada  USA  Other \_\_\_\_\_

**Current address:** (effective until: \_\_\_\_\_)

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Permanent Home Address:**

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Church membership:**

Church Name: \_\_\_\_\_ Pastor: \_\_\_\_\_  
Street address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Occupation:** \_\_\_\_\_  Present  Previous

**\*Current Occupational status:**  Employed  Unemployed  Semi-retired  Retired  Student  Other

**Education:** Degree/diploma obtained: \_\_\_\_\_ Area of Study: \_\_\_\_\_

**Person(s) to contact in case of emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**References:** List two people who know you well (other than family members).

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Email: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Email: \_\_\_\_\_

**Mission trip preference(s)—location:** \_\_\_\_\_

**List any special skills, training, or abilities (include any languages spoken and level of proficiency):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recruitment Information:** Who or what influenced you to apply for this opportunity? *Check as many as apply.*

- Another volunteer    Pastor    Bulletin announcement    Friend    PMI, CRWM or CRCNA Website  
 Church speaker/presentation    Newsletter notice    Other \_\_\_\_\_

**The doctrinal standard of the Prayer Missions International is the Apostles Creed. Do you agree with the teaching of this creed?** \_\_\_\_\_

**Please list any previous overseas or cross-cultural experiences you have had:** \_\_\_\_\_

\_\_\_\_\_

**Briefly explain why you are interested in this opportunity. What motivated you to apply? What do you hope to learn?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How do you see your volunteer assignment benefiting your local church?** \_\_\_\_\_

\_\_\_\_\_

**Will your local church endorse this mission trip and support you in it?** \_\_\_\_\_

**Medical Information**

To the best of my knowledge, I am capable of performing the duties of this volunteer assignment, and I am healthy enough to travel overseas and withstand the conditions there. I have had a recent physical examination (within the past two years). I understand this information will be shared as needed to ensure safe, appropriate assignments.

List any physical limitations, allergies, or other areas of concern: \_\_\_\_\_

\_\_\_\_\_

**Please initial the following to indicate your agreement with each statement:**

- \_\_\_\_\_ I am willing to provide a doctor's release and/or obtain appropriate immunizations as required for a specific assignment.  
\_\_\_\_\_ I understand that I am responsible to obtain the necessary funding for this trip and it must be at PMI one month in advance of the trip.  
\_\_\_\_\_ I am willing to undergo a background check.  
\_\_\_\_\_ I understand that I will need to provide my own insurance and will need to provide PMI with a signed waiver of liability.  
\_\_\_\_\_ I certify that the information contained in this application is true and accurate.

\_\_\_\_\_  
*Signature of Applicant*

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

\_\_\_\_\_  
*Signature indicating approval of parent/legal guardian if applicant is less than 18 years of age*

**Please return completed application to:**

PMI  
Attn: Jon DeBruyn  
4121 Garden Court  
Traverse City MI 49684

**VOLUNTEER MISSIONARY PROGRAM**  
of  
*Prayer Missions International*

**HEALTH INSURANCE COVERAGE AFFIDAVIT  
AND  
WAIVER OF RESPONSIBILITY**

I have made personal arrangements for health insurance coverage during my participation in the PMI sponsored Volunteer Missionary Program. I assume full responsibility for all costs involved for my health care while traveling to and from and while serving in the country of my assignment.

Furthermore I absolve PMI of any responsibility for health care costs I may incur during and after my time of participation in the PMI Volunteer Missionary Program.

My insurance carrier is:

\_\_\_\_\_

\_\_\_\_\_ (Address)

\_\_\_\_\_

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

Country of assignment: \_\_\_\_\_