

## Texas/Mexico Border Ministries Volunteer Application & Information

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_  
Email address: \_\_\_\_\_ On Facebook? YES \_\_\_\_\_ NO \_\_\_\_\_  
Please contact me via: \_\_\_ phone \_\_\_ email Gender: M \_\_\_\_\_ F \_\_\_\_\_  
Languages Spoken: English \_\_\_\_\_ Spanish \_\_\_\_\_ Other: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### Category of Volunteer: (Check all that apply)

- \_\_\_ Student (Grade: \_\_\_\_\_)
- \_\_\_ Relative of student at TCS  
(Relationship: \_\_\_\_\_ Name of student: \_\_\_\_\_)
- \_\_\_ Retiree: Former employee of WGM? YES \_\_\_\_\_ NO \_\_\_\_\_
- \_\_\_ Community
- \_\_\_ Business/Organization (Please Name: \_\_\_\_\_)

Have you volunteered for TMBM in the past? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, when? \_\_\_\_\_

### Interests & Availability: (Check all that apply)

- \_\_\_ Education
  - \_\_\_ Classroom
  - \_\_\_ Field Trips
  - \_\_\_ Special Events
  - \_\_\_ Other
- \_\_\_ Mentoring
- \_\_\_ Health & Self Esteem
- \_\_\_ Sports
- \_\_\_ Leadership Development
- \_\_\_ Technology & Web Design
- \_\_\_ Fundraising
- \_\_\_ Special Skills
  - \_\_\_ Cooking
  - \_\_\_ photography
  - \_\_\_ finance
  - \_\_\_ Other
- \_\_\_ Facility Maintenance
- \_\_\_ Administrative Assistant/Clerical Work
- \_\_\_ Evangelism
- \_\_\_ Other: \_\_\_\_\_

### Days Available: (Check all that apply)

- \_\_\_ Monday
- \_\_\_ Tuesday
- \_\_\_ Wednesday
- \_\_\_ Thursday
- \_\_\_ Friday
- \_\_\_ Saturday
- \_\_\_ Sunday

Preferred Time(s) Available: \_\_\_\_\_  
Commitment level: One time \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_  
Other: \_\_\_\_\_

Are there any physical limitations or type of treatment that might interfere with you ability to perform certain tasks? YES \_\_\_\_\_ NO \_\_\_\_\_

**Character References: Please list two character references.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
How many years known? \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
How many years known? \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_

Providing a safe and orderly environment is a top priority for TMBM. In that spirit, we ask you to answer the following questions:

Have you ever been convicted of, or are you now under indictment for any of the following: assault, aggravated assault, sexual assault, sexual molestation, indecent exposure, felony theft, felony driving while intoxicated, or any other felony charge? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, are you willing to discuss the circumstances of the above in a confidential conference with one of the TMBM directors? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been or are you now under a protective or restraining order that limits or restricts your access to another person, adult, or child? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes are you willing to discuss the circumstances of the above in a confidential conference with one of the TMBM directors? YES \_\_\_\_\_ NO \_\_\_\_\_

World Gospel Mission practices an alcohol, tobacco and drug free environment in their facilities and properties. Are you willing to abide by these rules during your volunteer time? Yes \_\_\_ No \_\_\_

*As a volunteer for TMBM, you will be required to have a background check. Please fill out the attached background check form and return it with your application.*

**Understanding and Medical Authorization:**

I certify that all the answers on the application and any attachments are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information.  
I agree in the course of considering my application, you may inquire to verify information considering my background. I specifically authorize you to investigate all statements in this application. I authorize employers and references listed above to give you any and all information concerning my volunteer and ability to work with children and young people. I further release and hold harmless World Gospel Mission, and references listed above and any law enforcement agency, from all liability and any damages that may result from furnishing this information to you.  
I agree that World Gospel Mission shall not be responsible for any personal injuries or losses sustained by me while on World Gospel Mission premises or as a result of any agency sponsored activities. I further agree to indemnify and save harmless World Gospel Mission from any claims or demands arising out of such injuries or losses.

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

**Personal Testimony/Statement of faith:** Please write/type out your relationship with Jesus Christ on a separate paper and attach it to this application.