

# VOLUNTEER ENLISTMENT FORM

## SOS Church Planting Laboratory 2016



PLEASE PRINT ANSWERS CLEARLY

SURNAME:		FIRSTNAME:			M.I.
BIRTHDATE:		AGE:	SEX:	CS:	
MONTH & YEAR BORN-AGAIN:					
CONTACT NO:		EMAIL:		FB ACCOUNT:	
ADDRESS: <i>Street/Town or City/Province</i>					
CURRENT HOME CHURCH:					
CHURCH LOCATION: <i>District:</i>		<i>Province:</i>		<i>Town/City:</i>	
SENIOR PASTOR:			AFFILIATION: ( ) AoG Others: _____		
CHECK WHICH APPLIES TO YOU: I AM ENLISTING AS					
<input type="checkbox"/> An individual, ordinary church member who wants to obey the great Commission <input type="checkbox"/> Member of Church planting team of our local church _____ <input type="checkbox"/> Member of Church Planting Team of Chi Alpha in _____ <input type="checkbox"/> Bible School Student in _____					
MINISTRY & CHURCH PLANTING EXPERIENCE AND POTENTIAL:					
( ) I am a new SOS volunteer ( ) I have been an SOS volunteer for _____ number of times					
What dialects do you speak? _____					
HEALTH INFORMATION: Do you have any current, chronic, recurring communicable illness that could be a potential hindrance to your performance as an SOS volunteer?					
<input type="checkbox"/> No <input type="checkbox"/> Yes, specify _____ (If yes, enclose a Medical Certificate).					
CONSENT: <i>By spouse if married, by parent/guardian if below 21 years old</i>					
<i>Yes, I give consent to my ( ) child ( ) spouse to join SOS 2016.</i>					
PRINTED NAME: _____		SIGNATURE: _____		DATE _____	
ENDORSEMENT: By Elder Pastor, YA Pastor, Youth Pastor, Bible School Dean, Chi Alpha Director, etc.:					
<i>I recommend the enlisting person to join SOS 2016.</i>					
ENDORSORING PERSON : Printed Name: _____		Position: _____			
SIGNATURE OVER PRINTED NAME _____		Date _____			
CAPACITY TO RAISE MISSIONS BUDGET					
( ) Personal: Php _____ ( ) Gift certificate system					
ISSUING PERSON: _____		SIGNATURE: _____		DATE: _____	
QUALIFYING: <i>Person is qualified to be a SOS 2016 volunteer if all boxes below are checked by qualifying officer</i>					
[ ] Within 17-65 Age Range [ ] Endorsed [ ] With Consent [ ] Physically Fit					
Ministry Preparedness and/or Potential: [ ] Born Again for a Year [ ] Degree of ministry experience and/or potential					
<input type="checkbox"/> Issued Volunteer's ID as qualified SOS volunteer to raise missions budget through					
QUALIFYING PERSON: _____		SIGNATURE _____		DATE: _____	
TERMS OF AGREEMENT: Read carefully and check the boxes if you agree:					
<input type="checkbox"/> I understand my participation in SOS Church Planting Laboratory is my voluntary act in obedience to the Great Commission of our Lord Jesus Christ.					
<input type="checkbox"/> I am responsible to raise my missions budget of P5000 only through the Gift Certificate system set up by SOS council. Therefore, I shall not solicit for my mission trip in the form of cash.					
<input type="checkbox"/> If I could not join SOS 2016 due to any untoward situation, I shall turn over the gift certificates to SOS and will give right to SOS Finance Officer to apply them to other volunteers.					
Signature: _____				Date: _____	