

**OAK GROVE BAPTIST CHURCH  
MISSION VOLUNTEER SUPPORT PROGRAM  
APPLICATION GUIDELINES**

Candidates will submit an application packet to the Missions Volunteer Review Committee that will evaluate the candidate on the following Qualifying Criteria:

1. Evidence of being committed to Jesus Christ as Lord.
2. Oak Grove member in good standing with pastoral staff blessing.
3. Evidence of church ministry involvement (80% attendance of an ongoing Oak Grove small group Bible study and worship service).
4. Evidence of commitment to missions based on their missions involvement level.
5. Refraining from smoking and consuming alcoholic beverages.
6. Committed to sharing his/her personal faith in Christ with others.
7. Flexible in adjusting planned schedules as well as living conditions.
8. Willing to deal with cultural differences.
9. Team oriented and willing to work under supervision.
10. Significance of candidate's role in project's mission with skills matched to need.
11. Candidates will make themselves available to share their mission experience with Oak Grove ministries.
12. Candidate's financial need – a grant not exceeding 50% of the total candidate's ministry need will be determined based on available program finances, projected volunteer involvement, and the candidate's fundraising ability.
13. Frequency of Oak Grove funding of same volunteer.
14. Completion of Membership Classes 101 through 401.

*All applications must be completed in full and returned to:*

Oak Grove Baptist Church  
**Mission / Evangelism Committee Chair**  
2106 Churchville Road    Bel Air, MD 21015-4908  
410-838-9898    Fax 410-734-6118

**INSTRUCTIONS FOR COMPLETING APPLICATION**

In addition to the application, please thoroughly answer the following questions on a separate sheet of paper. Please type or print.

1. What caused you to recognize your need for Christ?
2. Describe the experience in which you received Christ.
3. Describe briefly the meaning the church has for you.
4. How do you anticipate sharing your faith while serving as a mission volunteer?
5. Why do you wish to serve as a missions volunteer?
6. What spiritual gifts have you and others identified as being evident in your life?
7. What are your skills and talents?
8. Do you speak any languages other than English?  No  Yes. Describe your fluency.
9. Describe your experience working with children.
10. Describe your experience with evangelistic activities.

**NOTE:** SUBMISSION OF APPLICATION DOES NOT GUARANTEE SELECTION OF APPLICANT OR GRANT APPROVED.

**Oak Grove Baptist Church**  
**Missions Volunteer Support Program**  
**\*APPLICATION\***

**Please type or print**

**PERSONAL INFORMATION**

Name: _____	
Address: _____	
Phone: _____	
Date of Birth: _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse / Parents' Name: _____	

Do you have a Chronic Ailment?     Yes     No  
Physical Disability?                 Yes     No

**CHURCH AFFILIATION:**

Are you a member of Oak Grove Baptist Church?     Yes     No    How long? \_\_\_\_\_

**CHURCH RELATED EXPERIENCE:**

Local Church Responsibilities

1. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
2. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
3. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
4. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you completed membership classes?

101 Membership	<input type="checkbox"/> Yes	<input type="checkbox"/> No
201 Maturity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
301 Ministry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
401 Missions	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**CURRENT EMPLOYER**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Do you have health insurance that covers you overseas?  Yes  No  
Do you have life insurance that covers you overseas?  Yes  No

**REFERENCES (other than the Pastor)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**FINANCIAL GRANT REQUEST**

Trip Dates \_\_\_\_\_ to \_\_\_\_\_

Name of U.S. sponsoring organization / church \_\_\_\_\_  
Phone \_\_\_\_\_

Name of organization directing work on mission field \_\_\_\_\_

Country(s) to be visited \_\_\_\_\_

Basic cost of mission trip? \$\_\_\_\_\_ Additional ministry supplies \$\_\_\_\_\_

Amount of funds requested \$\_\_\_\_\_

Name/Address of organization check is payable to: \_\_\_\_\_

\_\_\_\_\_

Why do you need financial support?

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

How will you fund the remaining cost?

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

I UNDERSTAND the Oak Grove Baptist Church, the Baptist Convention of Maryland / Delaware, North American Mission Board and the International Mission Board of the Southern Baptist Convention do not assume any responsibility for loss of property, damage of the same, personal harm or illness which may result from my involvement as a mission volunteer and I, for my heirs, executors, administrators, distributes and assigns in consideration of my acceptance to volunteer service and other good and valuable consideration do hereby absolve said the Oak Grove Baptist Church, the Baptist Convention of Maryland / Delaware and the International Mission Board and hold them from any claim or demand which I or they may conceivably assert upon the basis of the foregoing.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date Submitted: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Check #: \_\_\_\_\_ Sent To: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Date Membership Approved: \_\_\_\_\_

101 Completed  Yes  No

301 Completed  Yes  No

201 Completed  Yes  No

401 Completed  Yes  No