

PERSONNEL RECORD FORM

Virginia Mennonite Board of Missions, Inc

an agency of the Virginia Mennonite Conference

901 Parkwood Drive
Harrisonburg, VA 22802
Tel: 540 434-9727 FAX: 540 434 7627
web: www.vmmissions.org

Submitting this form puts you under no obligation. The information you give will help us to become better acquainted with you and to work with you for a possible assignment. Please make this as complete and accurate a record as possible. Please type or print with **black ink**.

PERSONAL DATA

1. Name _____ Home phone _____
2. Present Address _____ Work phone _____
_____ Address effective until _____
3. Permanent Address _____ Phone _____
_____ E-mail address _____
4. Present occupation _____
5. Social Security # _____ Citizenship _____
6. Passport information (if available): Number _____
Issue date _____ Place of issue _____ Expiration date _____
7. Person to notify in case of emergency _____ Relationship _____
Address _____ Phone _____

FAMILY DATA

(Questions 7 – 14 will be required prior to assignment. If you wish, you may voluntarily provide the information now)

8. Birthdate _____
9. Gender: M F
10. Marital Status: ___ Single
___ Engaged: Date of wedding _____ Name of fiancé(e) _____
___ Married: Date of marriage _____ Name of spouse _____
___ Widowed: Date _____
___ Separated: Date _____
___ Divorced: Date finalized _____

11. List names, birth dates and social security numbers of dependent children or other dependents
- _____
- _____

ASSIGNMENT

12. Check (✓) the service arrangement you are interested in:
 _____ Long Term (more than six months) _____ International Missions
 _____ Short Term (less than six months) _____ USA Missions
 _____ Partners in Mission Team (3 weeks or less) _____ Other _____
13. For what type of work do you feel best suited? _____
14. When are you available to begin an assignment? _____ Length of term preferred? _____
15. Indicate preference of geographical location, if any _____

REFERENCES

16. List four persons (pastor, co-worker, teacher, friend) who know you well from the standpoint of character, motivation and general qualifications. Do NOT include close relatives. Please provide complete addresses.

Name	Street Address AND e-mail address	City/State	Zip	Phone # Day & evening

PERSONAL COVENANT *

Believing in the Holy Bible as the inspired, fully reliable and trustworthy Word of God, I commit myself to love the Lord God with all my heart and my neighbor as myself, and to:

- Live daily under the Lordship of Jesus Christ and the standards of Scripture.
- Participate in a local fellowship as available in the assigned place of service.
- Adapt to different cultural and social environments with sensitivity to local believers regarding appearance, conduct, values, and traditions.
- Nurture emotional, social, spiritual, and physical well being in my personal life.
- Adopt a life-style consistent with biblical teachings including peacemaking, non-violence, compassion, and stewardship while respectful of the host culture.
- Reserve sexual activity for a marriage relationship between one male and one female and refrain from supporting all other sexual activity or practice (premarital, extramarital, and homosexual).
- Treat my body as God's gift and refrain from substance abuse.
- Recognize God's work throughout the world in the international nature of the church, the value of a caring community and the delicate balance of creation.
- Express my faith in ways that help others to know God through Jesus Christ.
- Be accountable to the person responsible for my supervision.

*I have carefully read and affirm the **Personal Covenant**.*

 Signature Full name (type or print legibly) Date

* A more complete statement of faith is the *Confession of Faith from a Mennonite Perspective* available in the Personnel Office.

PIM Team applicants, please list health insurance carrier _____

HEALTH INFORMATION

17. General Health: Excellent Good Fair Poor

18. If you have any physical weakness or disabilities to be considered in an assignment, please explain _____

19. If you have been under a physician's care or received specialized treatment (surgery, psychiatric care, physical therapy, etc) within the past five years, please explain: _____

Please note: A *Certificate of Creditable Coverage* will be requested from your previous employer.

CHURCH and CHRISTIAN LIFE

20. How long have you been a Christian? _____

21. Of what church are you a member? _____ Denomination _____

Pastor's name _____ Phone _____

Street

City

State

Zip

22. What church do you currently attend (if different from above)? _____

Pastor's name _____ Phone _____

Street

City

State

Zip

23. What does Christ and the Christian faith mean to you? Please share significant factors in your development as a Christian, how you relate your faith to everyday experiences, and your call to service. (*separate sheet may be needed*)

24. What responsibilities have you had in your local congregation?

25. Evaluate your own ability to live and work harmoniously with other people, especially as part of a team.

EDUCATION and EXPERIENCE

26. Circle highest level completed:
- | | | |
|--------------------|----------------|------------------------|
| <i>High School</i> | <i>College</i> | <i>Graduate School</i> |
| 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |

27. Attach resumé **or** list schools attended (in chronological order)

Name of high school, college, seminary, Bible, business, nursing school	Location City, State	Date attended From To	Degree and year received	Field of Study major minor

28. Attach resumé **or** list occupational experience (most recent first)

Dates	Employer & Complete Address	Duties and Skills
From: To:		
From: To:		
From: To:		

29. Check (✓) the following items in which you have had actual experience or training. Double check (✓✓) those in which you have had sufficient training or experience to enable your assuming major responsibility:

- | | | |
|---|---|--|
| <input type="checkbox"/> Group leadership | <input type="checkbox"/> Accounting | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Money management | <input type="checkbox"/> Construction skills |
| <input type="checkbox"/> Preaching | <input type="checkbox"/> Computer/data processing | <input type="checkbox"/> Conflict resolution |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Creative/news writing | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Art and layout | <input type="checkbox"/> Medical/First Aid |
| <input type="checkbox"/> Music/Worship | <input type="checkbox"/> Photography | |

30. Additional comments about training or experience

31. What is your preferred language? _____ What language(s) do you speak, read or write, and how well? _____

32. Describe the times and places you have lived or worked with people of a culture or ethnic background different from your own.

33. What are your long-range career interests?

34. What interests do you have for personal enjoyment (e.g. hobbies, recreation, etc)?

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Supplement for Long-Term International Personnel



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GENERAL INFORMATION

35. Please list any unresolved litigation (i.e. law suits) or financial obligations (e.g. student loans) you need to resolve prior to your time of service or that may negatively impact your ministry.

36. If you are interested in applying with other Mennonite agencies, and would like us to share your file with them, please list the names of the agencies:

ESSAY QUESTIONS

Answer the following questions on a separate sheet of paper. *Please type or print legibly using black ink.*

37. What is your concept for Christian witness? How do you hope to share your faith through service with VMBM?
38. Please summarize your understanding of the Biblical call to nonviolence, to love others and to peacemaking, and your personal response to that call.
39. What do you feel are your strengths and weaknesses in the areas of your occupational experience? How do you envision using your knowledge, skills and experience in a VMBM assignment?
40. *If married*, please comment on your marital relationship and unity regarding this assignment.
If single, are you comfortable with singleness and how would it affect your assignment?

AUTHORIZATION FOR RELEASE OF REFERENCES

I authorize the Virginia Mennonite Board of Missions (VMBM) to inquire about the information provided in this application, my work history and qualifications, and any other information that VMBM considers relevant. This information may include, but is not limited to, my general character, Christian commitment and family relationships.

I authorize VMBM to provide information that is considered relevant to persons with whom I might work in the VMBM assignment. I authorize any person or entity to provide the requested information to VMBM and release VMBM and any person which provides information, from all liability arising from making the inquiries, providing the information, or deciding about my employment as a result of the inquiries or information.

I give permission for my references to be shared also with the agencies to which I have requested copies of this application be sent.

Applicant's Signature

Date