



SPOUSE BENEFICIARY INFORMATION

(FOR AN UNASSIGNED SPOUSE)
NAD OFFICE OF VOLUNTEER MINISTRIES
www.hesaidgo.net

To be completed by an Unassigned Spouse accompanying a Volunteer serving with the Adventist Volunteer Service.

BENEFICIARY INFORMATION

This section identifies who receives benefits of Insurance coverage if spouse of Volunteer should die during approved term of service.

Spouse Name		Date of Birth (Day/Month/Year)
Primary Beneficiary		Relationship to Spouse
Contingent Beneficiary (in case primary beneficiary dies first)		Relationship to Spouse
Signature	Date	Signature of Parent/Guardian of Spouse*

*Release must be signed instead by a parent or guardian if Spouse is a minor in his/her place of residence.



SV-012 1/07
SV-013 1/07

When completed, return to NAD Division Volunteer Coordinator: FAX: (301) 680-5079





SPOUSE DECLARATION

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CRIME & MISCONDUCT

1. Have you ever been convicted or pled guilty to or been formally disciplined for any crime or misconduct, with the exception of traffic violations? Yes No
2. Have you ever been convicted of a sexual offense? Yes No

(Answering either question with a YES does not necessarily exclude your SPOUSE from volunteer service; however, it is important that you supply us with additional information on a separate sheet.)

I declare that my responses to these two questions are true and accurate.

Print Name

Signature

Date

STATEMENT OF ETHICS DECLARATION

I understand that my SPOUSE will be serving as a VOLUNTEER under the Adventist Volunteer Service Program. I have read the STATEMENT OF ETHICS and will support my SPOUSE in upholding the ethics of the Seventh-day Adventist Church as applied in the country he/she will be serving in.

Print Name

Signature

Date

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SV-014 1/07





SPOUSE HEALTH CERTIFICATE

ADVENTIST VOLUNTEER SERVICE
www.adventistvolunteers.org

A doctor/medical provider must complete the health certificate. Spouses should submit a separate form.

Applicant Name _____ Date of Birth _____
Day/Month/Year

I agree to this form being shared with relevant organizations who may consider my application.

Desired Country of Service _____ Type of Position _____

Dear Doctor / Medical Provider:

The above applicant desires to volunteer in the country indicated above. Please note that for an extended period of time, the volunteer may be located in a very remote and isolated area where there are little or no provisions for medical treatment or renewal of medical prescriptions. Additionally, the assignment can be physically and emotionally demanding. Please incorporate these considerations into your review and return this form to the address below.

Please indicate if patient:

- | | | |
|---|-----|----|
| 1. Has experienced a medical problem in the past or is currently undergoing treatment for heart attack, heart surgery, cancer, etc. | Yes | No |
| 2. Has ever been treated or is currently receiving treatment for mental illness, nervous breakdown, depression, emotional or eating disorder, etc | Yes | No |
| 3. Has ever been treated or is currently receiving treatment for a substance abuse problem (e.g. illegal drugs, alcohol, etc.) | Yes | No |
| 4. Is currently receiving treatment for high blood pressure or diabetes | Yes | No |
| 5. Has a condition requiring immediate access to medical services or facilities | Yes | No |
| 6. Has environmental allergies, asthma, etc. | Yes | No |
| 7. Has a condition which limits physical activities | Yes | No |
| 8. Has any learning disability such as dyslexia | Yes | No |
| 9. Is currently taking prescription medication (if yes, please indicate what) | Yes | No |
| _____ | Yes | No |
| 10. Has been advised of the recommended vaccinations | Yes | No |

If you indicated yes to any of the above questions, please explain _____

Has been advised and will undertake the required vaccinations and/or tests (e.g. TB and/or HIV). Yes No

I recommend this volunteer's physical and emotional fitness to serve in _____ country

I cannot recommend this volunteer due to _____

PLEASE USE BACK OF PAGE IF NEEDED FOR FURTHER EXPLANATION

Name of Doctor/Medical Provider (please print) _____

Phone Number (include country and city code) _____

Signature of Doctor/Medical Provider _____

Date _____



When completed, return to Applicant's Home Division Volunteer Coordinator:



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BIOGRAPHICAL INFORMATION			
LEGAL NAME AS IT APPEARS ON PASSPORT			
SURNAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
Preferred Name		Birth Date (optional) day/month/year	
Passport Country		Baptism/Date of Membership month/year	
**Because you and your spouse will be considered for mission service as a team, you will need to submit application forms. However, as an unassigned spouse (not available to volunteer), you should substitute the "Spouse Packet" plus 1-2 references and the Health Certificate. Opportunities for couples or families are very limited because of housing and/or educational facilities.			

Please include country and city area codes

ADDRESS			
Street (not PO Box)			
City	State/Province	Postal Code	
Country	E-mail		
Phone (H)	Work	Fax	Cell

EMERGENCY CONTACT INFORMATION			
Name		Relationship	
Street (not PO Box)			
City	State/Province	Postal Code	
Country	E-mail		
Phone (H)	Work	Fax	Cell

AGREEMENT

I permit the AVS office to release my personal information to be included with my spouse's application Yes No

Signature _____

Date _____

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SV-013 1/07
SV-011 1/07





SPOUSE CONFIDENTIAL REFERENCE

ADVENTIST VOLUNTEER SERVICE

www.adventistvolunteers.org

Applicant Name _____ Referee Name _____

Applicant Initial one ___ I give up my right to review this reference once completed ___ I do not give up my right to review this reference once completed

Dear Referee:

Processing of the above-named applicant cannot be finalized without your reference. Thank you for taking a few minutes to give us your candid perception of this potential volunteer. We value your input. Please indicate the qualities that the applicant possesses that would enable him/her to work and live well with others in a foreign environment. In each category, check the characteristics that best describe the applicant. Add brief performance-related comments if necessary. Check all that apply.

Reasoning & Comprehension

- brilliant, exceptional capability
- makes thoughtful analysis
- alert, has good mind
- average mental ability
- learns and thinks slowly

Interpersonal Relationships

- listens accurately to others
- responds to the feelings and needs of others
- initiates friendships and cares for others
- resolves interpersonal conflicts
- relates well to individuals of other races/cultures
- develops relationships with individuals of other races/cultures
- impatient with others
- easily irritated

Work Habits

- serves beyond what is required
- superior creative ability
- consistently reliable
- organized
- detail oriented
- overly perfectionistic
- does only what is assigned
- meets average expectation
- unorganized
- starts but often does not finish

Emotional Strength

- able to work in difficult and isolated situations
- good control in difficult situations
- accepts constructive criticism
- flexible in the face of change
- able and willing to adapt
- perseveres through difficulties
- usually well balanced
- easily discouraged
- overly emotional

Adventist Lifestyle & Standards

- lives in harmony with
- accepts
- understands
- somewhat rigid
- challenges
- ignores

Teamwork

- works well with others
- follows directions
- prefers to work in a team
- prefers to work alone
- frequently causes friction
- prefers a structured environment
- prefers an open environment
- tends to be domineering

Spirituality

- exceptional insight and discipline
- active faith
- immature faith
- dedicated
- growing
- somewhat rigid beliefs
- searching
- has made basic commitment
- uncommitted

Leadership

- exceptional leadership
- inspires others
- respectful of others
- has some leadership skills
- tries but lacks ability
- prefers supportive roles
- makes no attempt to lead

Church Doctrines

- understands
- lives in harmony with
- accepts
- somewhat rigid
- challenges
- ignores

Personality / Sociability

- seeks others out
- makes friends easily
- accepts others
- reserved, but friendly
- avoids others
- conceited
- critical of others
- shy or withdrawn
- moody or sullen
- easily offended
- lacks a sense of humor

Communication

- skilled in public speaking
- speaks clearly and tactfully
- writes clearly and tactfully
- able to express thoughts
- sometimes hard to understand

Knowledge of the Bible

- superior grasp
- well established
- basic, but improving
- sketchy, limited

Perception of Others

- sought after by others
- liked by others
- tolerated by others
- avoided by others

Spiritual Influence

- positive
- passive
- negative

Relationship to Authority

- relates well to persons of authority
- accepts authority
- tolerates authority
- challenges authority
- resists authority
- often argumentative

The applicant should be considered: ___Excellent ___Above Average ___Average ___Below Average ___Not Acceptable SV-004 7/09

Page 2 – Spouse Confidential Reference

Using a DARK pen or pencil, please TYPE or PRINT your responses in large letters below.

1. Describe any special performance-related skills or abilities you feel would contribute to the success of the applicant in mission service.

2. Describe any performance-related weakness or tendency you believe might reduce the effectiveness of the applicant in their overall performance of mission service.

3. Describe any performance-related event, situation or experience (positive or negative) the applicant has experienced recently which you feel might impact his/her service?

4. Use this space for additional comments or remarks.

Referee, please <u>print</u> or <u>type</u>:			DATE _____
1. How often do you interact with the applicant?	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely
2. How long have you known the applicant?	<input type="checkbox"/> Over two years	<input type="checkbox"/> One to two years	<input type="checkbox"/> Less than one year
3. What is your relationship to the applicant?	<input type="checkbox"/> Pastor <input type="checkbox"/> Co-worker	<input type="checkbox"/> Church Officer <input type="checkbox"/> Friend	<input type="checkbox"/> Employer <input type="checkbox"/> Other _____
NAME _____	PROFESSION _____		
ADDRESS _____	TELEPHONE _____		
_____	E-MAIL _____		



When completed, return to Applicant's Home Division Volunteer Coordinator:



SPOUSE RELEASE OF LIABILITY

(FOR AN UNASSIGNED SPOUSE)
NAD OFFICE OF VOLUNTEER MINISTRIES
www.hesaidgo.net

To be completed by an unassigned Spouse accompanying a Volunteer serving with the Adventist Volunteer Service.

_____ (“SPOUSE/DEPENDENT”) has agreed to accompany a qualifying Volunteer who has accepted a temporary volunteer service assignment to the _____ (calling) Division of the General Conference of Seventh-day Adventists (“DIVISION”), a nonprofit, religious organization. This Release of Liability reflects the DIVISION’S commitment to provide certain insurance coverage for SPOUSE/DEPENDENT in exchange for SPOUSE/DEPENDENT’S release of liability as stated herein.

1. The DIVISION will provide SPOUSE/DEPENDENT with insurance coverage to include accident and sickness protection, personal effects and property insurance (personal effects floater). The requesting organization shall be responsible for paying for the insurance premiums to be arranged by the home division of the Volunteer, prior to departure.

The liability of the DIVISION, the General Conference of Seventh-day Adventists, the General Conference Corporation of Seventh-day Adventists, or any of their officers, directors, trustees, employees, members, agents, conferences/missions/fields, subsidiaries or affiliated institutions (collectively, the “SEVENTH-DAY ADVENTIST CHURCH”) shall be limited to insurance premiums, deductibles, and co-payments for the above insurance coverage.

The undersigned SPOUSE/DEPENDENT verifies he/she is legally an adult in his/her jurisdiction of residence* and hereby signs this Release of Liability absolving the SEVENTH-DAY ADVENTIST CHURCH from any liability arising out of any loss, injury, illness, disability, damage, or death sustained by SPOUSE/DEPENDENT while accompanying the Volunteer.

2. In consideration of the DIVISION procuring the insurance coverage described above, SPOUSE/DEPENDENT agrees that the provision of such insurance coverage and the payment of benefits from the insurance coverage shall be accepted by the SPOUSE/DEPENDENT or SPOUSE/DEPENDENT’S estate as payment in full and satisfaction for all claims of any kind from illness, accident, wrongful death, and/or any other personal injury or property damage or loss claim of any kind related or unrelated to the SPOUSE/DEPENDENT’S presence with the Volunteer. If said insurance is not procured, liability of the SEVENTH-DAY ADVENTIST CHURCH shall be limited to the equivalent amounts of insurance benefits which would have otherwise been paid had said insurance been obtained.

SPOUSE/DEPENDENT disclaims entitlement to any other payments or damages except as expressly stated in this Section 2, and that other than the payments described herein, SPOUSE/DEPENDENT agrees to hold the SEVENTH-DAY ADVENTIST CHURCH harmless from any further liability, claims of damages or any other legal or equitable action by SPOUSE/DEPENDENT or SPOUSE/DEPENDENT’S estate, heirs, devisees or assigns.

**If SPOUSE is a minor in his/her place of residence, this Agreement must be signed by a parent or legal guardian.*

Signature	Date	Signature of Parent/Guardian of Dependent*
Signature/Division Volunteer Coordinator	Date	Spouse/Dependent Volunteer’s Home Division



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Spouse Statement of Ethics

Adventist Volunteer Service

www.adventistvolunteers.org

My Mission

My mission as an Adventist Volunteer is to proclaim to all peoples the everlasting gospel, in the context of the three angels' messages of Revelation 14:6-12, to lead them to accept Jesus as their personal Savior, to encourage them to unite with His church, to train them to be disciples, and to prepare them for His soon return.

My Responsibilities

As an Adventist Volunteer I believe that:

I am responsible first to God, my Creator, to reflect His character and exhibit His love.

I am responsible to the community in which I live and also to the world community to let them know about the gospel.

I am responsible to my fellow church members for the decisions I make as a steward and for the trust they place in me.

I am responsible to treat each of my fellow workers with dignity and respect.

My Values

1. I value the Bible as the primary reference for life's direction and qualities.
2. I value:
 - excellence in all that I do.
 - ethical and moral conduct at all times and in all relationships.
 - creativity and innovation in the completion of my mission.
 - honesty, integrity, and courage as the foundation of all my actions.
 - the trust placed in me by my fellow church members.
 - people as children of God and therefore brothers and sisters of one family.

My Ethical Responsibilities

I recognize that service in the Seventh-day Adventist Church implies commitment to the organization's mission and concurrence with its responsibilities and values. My reasonable service as a volunteer includes the following ethical responsibilities:

1. A life consistent with church message and mission. I will live in a manner consistent with the beliefs and values of the Seventh-day Adventist Church as stated in the *Seventh-day Adventist Church Manual* and I will uphold in word and conduct its teachings and principles.

2. Respect for Church assets. I will respect the property of the organization including any intellectual property that is developed in the course of my service. I will use the property, facilities, and resources solely for the benefit of the organization unless otherwise permitted or when financial compensation for such use has been arranged.
3. Respect for colleagues and leaders. I will respect and uplift my colleagues and those in authority. I will refrain from intentionally placing them in a position of embarrassment, disrespect, or harassment. I will avoid all behavior that may be construed as sexually inappropriate. I will honor the privacy and guard the safety of others.
4. Efficiency and attention. My time shall be honestly devoted to the assignments entrusted to me. I will avoid activities that could impair my performance. I will aspire to efficiency and reduction of waste in time, effort, and resources.
5. Personal integrity in financial matters. I will not engage in theft or embezzlement of any kind including the misuse of expense accounts, falsification of reports, or the misapplication of resources for which I am responsible.
6. Avoiding inappropriate influence. I will neither offer nor receive gifts, favors, payments, or other forms of reward directly or indirectly in exchange for a specific gain or action.
7. Maintaining an ethical environment. I will maintain ethical standards in my personal life and in the work place. I believe my responsibility is to report, through established confidential channels, any behavior that is inappropriate or which undermines an ethical environment.
 - § I will not drink alcohol, smoke, or use any illegal drugs.
 - § I will faithfully observe the seventh commandment, abstaining from sexual relations, if single, and remaining faithful to my spouse, if married.
 - § I will be respectful of the culture in which I am serving, being mindful that local norms regarding such things as Sabbath observance and dress and adornment may be different than that to which I am accustomed.

NB Your signature of compliance with the above Statement of Ethics is required. See the separate Declaration Form to sign and submit with your completed application form. Keep this Statement of Ethics with you while on assignment.

