

PARTNERSHIP MISSIONS

WAIVER OF AGE RESTRICTION FOR VOLUNTEER

FOR VOLUNTEERS 70 YEARS OF AGE AND OVER.

I authorize the one-time waiver of age restriction for _____ to participate in a
(Volunteer)

volunteer mission trip to _____.
(Trip Location)

Physician Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:

Glocal Missions & Evangelism Team, Virginia Baptist Mission Board, 2828 Emerywood Parkway, Richmond, VA 23294