

PARTNERSHIP MISSIONS

VOLUNTEER INFORMATION FORM

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name: _____ Birthdate: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Passport Number: _____

Emergency Contact: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Church Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Pastor's Name: _____ Association Name: _____

Please list foreign languages and level of understanding: 1. _____ Limited Fluent

2. _____ Limited Fluent

Skills/Talents (Example: carpentry, music teacher): _____

PLEASE USE THE BACK SIDE OF THIS FORM TO EXPLAIN ANY DISABILITIES OR HEALTH CONCERNS.

MY COMMITMENT

I am committed to make spiritual preparation for this assignment and to pray for the heart of a servant to work with the family of our Lord abroad. I will honor the Lord Jesus Christ in conduct, word and deed. I will use my skills, talents and spiritual gifts to build up and expand the Kingdom of God in the place I serve, seeking always His will and His purpose.

Signature: _____ Date: _____

RESPONSIBILITY RELEASE

If I accept an assignment, I understand that the Glocal Missions & Evangelism Team and the Virginia Baptist Mission Board do not assume any responsibility for loss of property, damage to the same, personal harm or illness that may come; and I, for myself, my heirs, executors, administrators, distributes and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve said Glocal Missions & Evangelism Team and the Virginia Baptist Mission Board, and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis of the foregoing.

Signature: _____ Date: _____

CHURCH RECOMMENDATION

The _____ Baptist Church of _____ whole-heartedly recommends the above person to the Glocal Missions & Evangelism Team of the Virginia Baptist Mission Board as sound in his/her faith and spiritually equipped to serve on this project.

Pastor's Signature: _____ Date: _____

PLEASE WRITE YOUR PERSONAL TESTIMONY AND RETURN WITH THIS FORM TO:

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