

Project Date
_____ to _____

Florence Baptist Association Ohio Partnership Volunteers Information Form

**For Office
Use Only**

NOTE: Volunteers are expected to provide their own financial support.

Name	Last	First	Middle I.	Preferred Name _____ Male _____ Female						
Address Street/Box				City	State	Zip	Email Address			
Date of Birth		Name of Spouse		# of Children		Home Phone		Work Phone		
Marital Status _____ Single _____ Married								Social Security #		
High School/College/Seminary/Professional School				Location		Major/Minor		Graduated (Y/N)	Year	
1. _____						_____		_____	_____	
2. _____						_____		_____	_____	
3. _____						_____		_____	_____	
Skills and Talents										
1. _____				2. _____						
3. _____				4. _____						
5. _____				6. _____						
Current or Last Employer				Position			Dates Employed			
Address				City, State ZIP				Retired? (Y/N)		

Local Church Name	Street Address
City State ZIP	Date Joined – Month/Year
Pastor's Name	Name of Association
Local Church Denominational Affiliation <input type="checkbox"/> SBC <input type="checkbox"/> Other _____	Ordained to the Ministry? (Y/N)
Responsibilities in Local Church	
Responsibilities in Association, State, or SBC	
Mark each service you have performed <input type="checkbox"/> ESL <input type="checkbox"/> Preaching <input type="checkbox"/> Teaching <input type="checkbox"/> Prayerwalking <input type="checkbox"/> Personal Evangelism <input type="checkbox"/> Scripture Distribution <input type="checkbox"/> Discipleship Training <input type="checkbox"/> Sports <input type="checkbox"/> Management Training <input type="checkbox"/> Play Instrument (Specify) _____ <input type="checkbox"/> Vocalist <input type="checkbox"/> Drama <input type="checkbox"/> Computer Technology <input type="checkbox"/> Graphics Design <input type="checkbox"/> Other _____	
General Health <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Have Physical Disability <input type="checkbox"/> Have a chronic ailment (NOTE: If any of these 2 items are checked, please an attach explanation)	

Previous Volunteer Experience	
1. _____	2. _____
2. _____	4. _____
5. _____	6. _____

PERMANENT CONTACT PERSON

Name Last First Middle			Relationship	
Address			Best Contact Phone Number	
City State		Email Address		Work Phone
ZIP				

CHURCH RECOMMENDATION

The _____ Church of _____
wholeheartedly recommends the above person to the Florence Baptist Association as sound in his/her faith
and spiritually equipped to serve on the Ohio Volunteer Project.

Pastor's Signature _____ Date _____

RESPONSIBILITY RELEASE

I understand that I am required to have medical and disability insurance coverage in force during the entire period of my volunteer service. If I accept a term of volunteer service, I wish to make clear my understanding that the Florence Baptist Association does not assume responsibility for loss of property, damage to the same, personal harm or illness that may come; and I, for myself, my heirs, my executors, administrators, distributes and assigns, in consideration of my admission to volunteer service and other good valuable considerations, do hereby absolve the Florence Baptist Association and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis of the forgoing. I further understand that no refunds are available from the association if I do not go on the trip.

Volunteer Signature _____ Date _____

MY COVENANT

I covenant to make spiritual preparation for this assignment, to participate in preparatory training and to seek a servant heart as I serve our Lord on this project. My conduct, in word and in deed, will honor the Lord Jesus Christ. I covenant to refrain from any activity, including the use of alcohol and tobacco, which would cause suspect of my relationship with Him. The words of my mouth and the meditations of my heart will be pleasing in His sight. I will employ my skills, talents, and spiritual gifts in the building and expansion of the Kingdom of God in the place where I serve – as God gives me inner strength and wisdom.

Volunteer Signature _____ Date _____

MEDICAL INFORMATION

Volunteer mission trips to Ohio as part of the Florence Baptist Association/Ohio Partnership can be both physically taxing and stressful. The travel time can be as much as 12 hours one way there and back. After arriving on site, the work will involve long hours, sometimes in a stressful environment. It is imperative that the volunteers be in fairly good health. We ask that you provide the following health information to assist you in the placement of ministry opportunities. If necessary, we may request a medical release statement from your personal physician.

Name _____

Address _____ Zip _____

1. Do you have any physical condition that may limit your ability to perform the ministry for which you have applied under the conditions listed above?

2. Do you have any existing medical condition that may require extended medical treatment or surgery in the future?

3. Have you had any surgery or major health problems in the past 2 years? If so, please explain. You may attach an additional sheet if necessary.

4. Have you been treated for a mental or emotional problem in the past 2 years? If so, please explain. You may attach an additional sheet if necessary.

5. Are you currently taking or do you regularly take any medications? If so, please list and note which are prescription and which are non-prescription.

6. Are you currently under a doctor's care or have you been in the last year? If so, please explain.

7. Do you have any special dietary needs? If so, please explain.

8. Please summarize your health. Do you place any limits on yourself to avoid physical or medical problems? (Any hearing, visual, or mobility limitations?)

9. In case of an emergency, please list your emergency contact information:

Name _____ Relationship _____

Address _____

Phone numbers _____

Beneficiary _____ Relationship _____

Signature _____

Date _____