

**Student Mission Volunteer Application**  
**Florence Baptist Association**

**Personal Information:**

Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_ Ethnicity \_\_\_\_ SSN \_\_\_\_\_

Do you have a Driver's License? \_\_\_\_\_ DL # \_\_\_\_\_ State \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Current Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Do you have a Facebook account? \_\_\_\_\_ If so, how are you listed \_\_\_\_\_

Earliest Date Available \_\_\_\_\_ Ending Date of service \_\_\_\_\_

**Parent/Guardian Contact Information:**

Mother's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Place of employment \_\_\_\_\_

Home phone # \_\_\_\_\_ work # \_\_\_\_\_ cell # \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Place of employment \_\_\_\_\_

Home phone # \_\_\_\_\_ work # \_\_\_\_\_ cell # \_\_\_\_\_

Parent's reaction to your wish to serve in Florence: \_\_\_\_ In favor \_\_\_\_ No opinion \_\_\_\_ Opposed

\_\_\_\_ Other – Explain: \_\_\_\_\_

\_\_\_\_\_

**Church Information:**

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

How long have you been a member of this church? \_\_\_\_\_

Is this a Southern Baptist Church? \_\_\_\_\_

How often do you attend church? \_\_\_ weekly \_\_\_ twice a month \_\_\_ once a month

List church activities: \_\_\_\_\_

**School Information:**

High School Graduated from \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Year Graduated \_\_\_\_\_

College you are attending or planning to attend: \_\_\_\_\_

What year will you be next school year? \_\_\_ freshman \_\_\_ sophomore \_\_\_ junior \_\_\_ senior

Planned Major in college \_\_\_\_\_

List school activities you are involve in in past years \_\_\_\_\_

Name of Campus Minister if applicable: \_\_\_\_\_

**Health:**

General Health Condition: \_\_\_ Excellent \_\_\_ Fair \_\_\_ Poor (Explain) \_\_\_\_\_

On Medication? \_\_\_ Yes \_\_\_ No

If Yes, what Medication \_\_\_\_\_

All Allergies \_\_\_\_\_

**Skill:**

Please rate yourself on the following using **1** as minimal and **5** as capacity to lead or teach

N/A = not applicable

\_\_\_\_\_ Administration/ Organization

\_\_\_\_\_ Prayer walking

\_\_\_\_\_ Children's Ministry

\_\_\_\_\_ Recreation/Sports

\_\_\_\_\_ Singing solo

\_\_\_\_\_ Computer

\_\_\_\_\_ Teaching

\_\_\_\_\_ Evangelism

\_\_\_\_\_ Lead Devotional

Musical

\_\_\_\_\_ Piano

\_\_\_\_\_ Guitar

\_\_\_\_\_ Singing

\_\_\_\_\_ other instrument

**Briefly describe your initial encounter with Jesus Christ and baptism experience. How is Christ active in you life now?**

**How are you involved in witnessing to non-believers? Relate a recent experience of sharing your faith with someone who was not a Christian.**

**List the spiritual gifts God has given you and how you believe they may be used in your ministry.**

**Write a BRIEF description of your life including highlights of your childhood, your teen years, include your family, etc. This is just general things that would help your supervisor get to know you better.**

**History:**

Have you ever been convicted of a felony or misdemeanor?  Yes  No

Have you been diagnosed or treated for an emotional disorder?  Yes  No

Have you used illegal drugs within the last 12 months?  Yes  No

Have you engage in sexual activity with anyone within the last 12 months?  Yes  No

Have you viewed pornographic material within the last 12 months?  Yes  No

Have you consumed alcohol within the last 12 months?  Yes  No

Have you used tobacco products within the last 12 months?  Yes  No

Is there anything in you life, if made known, would hinder your witness or be an embarrassment to your ministry or the Florence Baptist Association?  Yes  No If yes, please explain:

**Background checks** must be done on all applicants. Please sign below if you give your permission for a background check to be performed.

Yes, I agree for the Florence Baptist Association to perform a background check on me.

---

Signature

Date

**Return Application by March 29, 2019.** Mail to: Florence Baptist Association, 2208 Pamplico Hwy. 29505. Attention Louanne Stewart.

## References

Please list 3 references below – one being your pastor or youth leader. Please do not list a family member.

1. Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_