

BGAV Partnership Missions VOLUNTEER INFORMATION FORM

Print Form



BGAV
Advancing the Kingdom Together

PLEASE TYPE OR PRINT.

Name (as it appears on Passport): _____

Preferred Name: _____ Birthdate: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Passport Number: _____ Expiration: _____

Emergency Contact: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Should your emergency contact also be your travel insurance beneficiary? Yes No

(If "no," then please include travel insurance beneficiary name/relationship: _____)

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 Mission Development Staff and the Baptist General Association of Virginia 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 the Mission Development Staff and the Baptist General Association of Virginia 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 Mission Development Staff of the Baptist General Association of Virginia 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:

Mission Development Staff, Baptist General Association of Virginia, 2828 Emerywood Parkway, Henrico, VA 23294