

Glocal Missions & Evangelism Team
 Virginia Baptist Resource Center
 2828 Emerywood Parkway
 Richmond, VA 23294



PARTNERSHIP MISSION VOLUNTEER COMMITMENT FORM

Last Name	First Name	Middle Name (Initial)	Date
Address			Telephone
City	State	Zip	

PERMANENT CONTACT PERSON

Last Name	First Name	Middle Name (Initial)	Relationship
Address			Home Phone
City	State	Zip	Business Phone

MY COMMITMENT

I am committed to make spiritual preparation for this assignment, to read carefully the orientation materials and fulfill requirements of the partnership. I will 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, distributees 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 _____

*** PLEASE WRITE YOUR PERSONAL TESTIMONY AND RETURN WITH THIS FORM. ***

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PARTNERSHIP MISSION VOLUNTEER INFORMATION FORM

Last Name		First Name		Middle (Initial)	Preferred Name		ATTACH PHOTO
Address		Street/Box		City	State	Zip	
Date of Birth	Do you have a passport? <input type="checkbox"/> Yes <input type="checkbox"/> No		County/State/City of Issue		Social Security #		
Name of Spouse		Home Phone _____ Business Phone _____ Email Address _____		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Emergency Contact (Name, Phone Number & Relationship)							
Current or Last Employer (If student, name of school)				Position Held (Year in School)			Dates Employed
Address (School Address)				City	State	Zip	Retired <input type="checkbox"/> Yes <input type="checkbox"/> No
High School/Technical School/College/University/Seminary			Location		Major/Minor	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Graduated
1. _____			_____		_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2. _____			_____		_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3. _____			_____		_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Professional Certifications/Awards/Diplomas, Etc.				What Field (ex. medical, dental, engineering, nursing, Etc.)		Foreign Language <input type="checkbox"/> Limited <input type="checkbox"/> Fluent	
						1. _____ 2. _____	
Skills/Talents (Carpentry, Music Teacher, etc.) Rate your skills on a scale 1-3		1 (Above Average) 2 (Average) 3 (Poor)		Skills/Talents (Carpentry, Music Teacher, etc.) Rate your skills on a scale 1-3		1 (Above Average) 2 (Average) 3 (Poor)	
1. _____		_____		4. _____		_____	
2. _____		_____		5. _____		_____	
3. _____		_____		6. _____		_____	
Local Church Name				Joined (Month/Year)	Member Size	Ordained to the Ministry?	
Street Address				City	State		
Pastor's Name				Zip			
				Association Name			
Responsibilities in Local Church/Association/State							
PLEASE USE THE BACK SIDE OF THIS FORM TO EXPLAIN ANY DISABILITIES OR HEALTH CONCERNS.							
List countries and dates of any previous volunteer service							
1. _____		2. _____		3. _____			
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	