

Short-Term Volunteer Information Form

Year:	Country Assignment: BRAZIL	From: JULY 22	To: JULY 30	Form received:		
Last Name		First Name		Middle	Preferred Name	
Address		City		State	Zip	
Email Address		Home Phone	Work Phone	Cell Phone	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Passport <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applying	Passport Number	Country of Issue	Date of Expiration	Marital Status	Name of Spouse	
High School/Seminary/Professional School			Location	Major/Minor		Graduated (Yes/No)
Other skills and Talents			Foreign Languages Spoken	List most recent countries/dates of overseas Volunteer service		
1. _____ 2. _____				1. _____ 2. _____		
Occupation	Current or Last employer			Dates employed		Retired
Local Church Name		Association		Street Address		
City	State	Zip	Church Phone no.		Pastor's name	
Local Church Denominational Affiliation <input type="checkbox"/> SBC <input type="checkbox"/> Other _____			Ordained to the ministry? <input type="checkbox"/> YES <input type="checkbox"/> NO		Church involvement	
General Health <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Poor		Please list all medications that you are taking and if you are allergic to anything (use back, if necessary):				
Emergency Contact Person		Home Phone		Cell Phone		Relationship

I understand that my actions, statements, and behaviors reflect on my Lord, my church and the TN Baptist Convention. Therefore, I agree to be prudent in all actions, statements and behaviors while on a volunteer missions assignments. Specifically, I will refrain from the use of alcohol and tobacco while overseas.

(Signature)

(name of home church) wholeheartedly recommends the above person as sound in his/her faith and spiritually equipped to serve on this volunteer project.

Pastor's signature _____ **Date** _____