



Volunteer'O kuku Information Form

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

Name Last		First	Middle Initial	Name by which you are called		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address Street/Box		City	State	Zip	E-mail Address		
Date of Birth		Passport # _____		Country of Issue	Date of Expiration	Social Security Number	
Name of Spouse		Number of Children	Home Phone		Business Phone		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Ethnic Origin (information will be used only to determine a compatible assignment) <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Chinese <input type="checkbox"/> Hispanic <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other _____					
High School/College/Seminary/Professional School		Location		Major/Minor		Graduated (Yes/No)	Graduated On
1. _____		_____		_____		_____	_____
2. _____		_____		_____		_____	_____
3. _____		_____		_____		_____	_____
Professional Certifications or Licensure (Awards, diplomas or any additional training)		What Field (Example: medical, dental, engineering, nursing, etc.)		Date received	Work best qualified to perform in order of preference (ex. truck driving, carpentry, horticulture, etc.)		
					1. _____		
					2. _____		
					3. _____		
Other Skills and Talents				Foreign Languages Spoken:			
1. _____				1. _____ <input type="checkbox"/> Limited <input type="checkbox"/> Fluent			
2. _____				2. _____ <input type="checkbox"/> Limited <input type="checkbox"/> Fluent			
3. _____							
Current or Last Employer			Position			Dates Employed	
Address			City, State, ZIP			Retired <input type="checkbox"/> Yes <input type="checkbox"/> No	
Local Church Name				Street Address			
City		State	ZIP	Date Joined - Month/Year			
Pastor's Name				Association 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			
Responsibilities in Local Church							
Responsibilities in Association, State or SBC							
Mark each service you have performed <input type="checkbox"/> Business <input type="checkbox"/> Children's Activities <input type="checkbox"/> Chronological Bible Storying <input type="checkbox"/> Computer Technology <input type="checkbox"/> Discipleship Training <input type="checkbox"/> Drama <input type="checkbox"/> Education <input type="checkbox"/> ESL/EFL <input type="checkbox"/> Graphics Design <input type="checkbox"/> Leadership Training <input type="checkbox"/> Management Training <input type="checkbox"/> Personal Evangelism <input type="checkbox"/> Play instrument (specify) _____ <input type="checkbox"/> Prayerwalking <input type="checkbox"/> Preaching <input type="checkbox"/> Scripture Distribution <input type="checkbox"/> Sports <input type="checkbox"/> Teaching <input type="checkbox"/> Vocalist <input type="checkbox"/> Web Design <input type="checkbox"/> Youth Work <input type="checkbox"/> Other _____							

General Health <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Poor	If any question is checked, please attach an explanation. <input type="checkbox"/> Have physical disability <input type="checkbox"/> Have a chronic ailment	List countries and dates of any previous overseas volunteer service. 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
Project Date	Country/City/People Group	
If any question is checked, attach a note indicating your willingness to refrain from this during the course of an assignment. <input type="checkbox"/> Drinking alcoholic beverages <input type="checkbox"/> Smoke		

PERMANENT CONTACT PERSON

Name	Last	First	Middle	Relationship
Address				Home Phone
City	State	ZIP	E-mail Address	Business Phone

CHURCH RECOMMENDATION

The _____ Baptist Church of _____ wholeheartedly recommends the above person to Jamaica Mission 2012, as sound in his/her faith and spiritually equipped to serve on the July 14-22, 2012 volunteer project in Jamaica, West Indies in Montego Bay, Saint James Parish.

Pastor's signature _____ Date _____

RESPONSIBILITY RELEASE

I understand that I am required to have in force medical and disability insurance coverage, effective both inside and outside the United States, during the entire period of my volunteer service and that such coverage will be purchased prior to my departure.

If I accept a term of volunteer service, I wish to make clear my understanding that the Jamaica Mission 2012 and respective affiliates, directors, officers, employees, agents, successors and assigns (collectively referred to as the "Released Parties"), do not assume responsibility for any loss of property, damage to the same, personal harm or illness that may come, and that I knowingly and willingly assume the risk of any such losses, injuries or damages. For and in consideration of my admission to volunteer service, and for such other valuable consideration, I, for myself, my heirs, executors, administrators, distributes and assigns, hereby:

1. Release and fully discharge the Released Parties from any claims, losses, injuries, or other damages related to or arising from my volunteer service; and
2. Agree to indemnify and hold harmless the Released Parties from any and all claims, losses, injuries and damages that may arise from my volunteer service, including but not limited to any claims submitted by me or on my behalf.

Signature _____ Date _____

Witness _____

MY COVENANT

I covenant to make spiritual preparation for this assignment, to participate in Cross Cultural Training and to seek a servant's heart as I serve our Lord abroad. My conduct, in word and deed, will honor the Lord Jesus Christ. 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 will serve – as God gives me inner strength and wisdom.

Initial _____ Date _____