

**ETOWAH BAPTIST ASSOCIATION
VOLUNTEERS IN MISSIONS APPLICATION**
(please fill out separate application for each person – print clearly)

Mission Project: (date and place) _____

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Church: _____ Date of Birth: _____

E-mail: _____

LODGING/TRAVEL INFORMATION

Given the choice, do you prefer staying in (please check preference)

_____ hotel/motel If yes, private room or with 2 or 4 persons? _____

If staying in hotel/motel - I request the following roommate(s)

_____ provided lodging (i.e. church)

Will you be traveling in a private vehicle? ____ Yes ____ No (no subsidy provided)
OR

Will you travel in EBA-sponsored transportation, (i.e. van or bus)? ____ Yes ____ No

SKILLS INFORMATION

What skills do you have that would be an asset? Please check appropriate box(es).

I would like to serve as () Director or () Assistant leader for:

- | | |
|--|-------------------------------|
| () Vacation Bible School | () Music |
| () Backyard Bible Club | () Fund Raising Committee |
| () Sports Clinic (specify type of sports event) | () Organizational leadership |
| () Witnessing Team | () Preacher |
| () Construction Project | () Kitchen Crew |
| () Other (please list) _____ | |

_____ Age/Grade Preference

OVER

MEDICAL INFORMATION/RELEASE

Name of Health Insurance Carrier: _____

Insurance Policy Number: _____

Name of Physician: _____ Phone: _____

Name of person to notify in event of emergency: _____

Daytime Number: _____ Night-time Number: _____

Local Hospital Preference _____ Phone: _____

List of Medicines:

Name (include milligrams, etc.)

Dosage (amount and frequency)

Name (include milligrams, etc.)	Dosage (amount and frequency)

Special healthcare instructions (allergies, including food allergies, etc.)

I consent for treatment and/or this information to be shared with attending physician in the event of an emergency.

Signature **Date**

For Office Use Only (Do not write in this space)

Date	Amount Paid	Cash or Check

Permission for minors - if unaccompanied by parent(s)

Signature of parent Date