



# COOPERATIVE BAPTIST FELLOWSHIP

## Volunteer Information Form

Please  
Include  
Photo

Thank you for your participation and obedience to serve. We are excited about this opportunity for you. If you are 18 years and older please fill out both sides of this form and return it the CBF Global Missions Office. Please call on us for any additional ways we can serve you as you prepare to go.

Contact Information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Name of Team Leader: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (Home \_\_\_\_\_ (Cell) \_\_\_\_\_ Day Time \_\_\_\_\_

Email Address: \_\_\_\_\_ Number where you can receive faxes: \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female

Marital status: \_\_\_\_\_ If married, name of spouse \_\_\_\_\_

Background Information:

Previous volunteer mission's service: (Please check or fill in)

I have participated on a volunteer mission trip  Stateside  Internationally

I have worked with peoples of other cultures other than my own List: 1) \_\_\_\_\_ 2) \_\_\_\_\_

I am reading about the culture and I am preparing to serve cross- culturally before I leave

Education:  College Degree Degree / Major \_\_\_\_\_ Life Skills: \_\_\_\_\_

Employment:  Employed? Employer \_\_\_\_\_ Position \_\_\_\_\_

Church History:  Attend Church? Church Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Pastor: \_\_\_\_\_ Denomination: \_\_\_\_\_

ESL Certification:  Yes  No Year: \_\_\_\_\_

Field Placement:

Name of Field Personnel / Partner: \_\_\_\_\_

Assignment: \_\_\_\_\_

Dates: \_\_\_\_\_

Total Number of People on Team / Family: \_\_\_\_\_

(If you are an intergenerational team or a family team please list the names of those members 17 years and younger on the additional table provided.)

Volunteer Commitment

Finally, in accepting this assignment I hereby express my understanding that the Cooperative Baptist Fellowship and its associates 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 Cooperative Baptist Fellowship and its associates and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis of the foregoing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature (for volunteers 17 years and under): \_\_\_\_\_

Emergency Contact Information:



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(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Some opportunities will require a background check.

If you would like documentation of your volunteer service with CBF for tax purposes please let us know. This will be done on an individual basis and by request only.  Yes  No

Do we have your permission to share contact and service information with your State / Regional CBF office?  Yes  No

Thank you! Please make sure you have filled or checked every box that is applicable to you! Again please call or email us with any questions or concerns.

CBF Global Missions Office