VOLUNTEER PROFILE

Ohio River Baptist Association Mission Trip Oneida Baptist Institute, Oneida, KY, June 16-22, 2019

Name		Age	M F	
Address		_City	Zip	
Phone	Email			
Your Home Church	Date of Birth			
Emergency Contact	Phone			
Do you have health/acc	ident insurance? Comp	pany		
Policy#	Please bring your	card or copy of polic	y on the mission trip.	
Social Security #	Life	: Insurance Beneficiar		
•	ic ailments, conditions, etc., the escription medicines, extra eye		ergency?	
If YES , explain				
Is your general health:	Excellent Good Fair Poo	or? (Circle One)		
Do you have any food a	allergies? If Yes, to when the state of the state o	hat?		
Skills/Qualifications: In	what areas are you best qualif	fied or interested in w	orking?	
1.	2			
	child care, food prep, construc			
Would you be willing to	o lead a devotion for the group	? Yes No		
organizer of this mission trip in consideration of my admi Baptist Association and my conceivably assert upon the alcoholic beverages or using	SLEASE: yself and my possessions and will not responsible for myself or my possession to volunteer service and other action to any organizer(s) and hold basis on the forgoing. I also promise in inappropriate language on said missip. Also, I will pay \$100.00 to the as	ssions. I, for myself, my h good and valuable conside d them harmless from any that I will refrain from so sion trip. By signing this fo	teirs, executors, administrate rations do hereby absolve claim or demand which I noking in the buildings, coorm, I am making a definit	tors, and assigns, the Ohio River or they might insuming the commitment to
Signature		Date Signed _		
P S	Ohio River Baptist Association P.O. Box 9 Palem, KY 42078-0009 Control of the design o	The \$100 will be d	lue by June 10th	

(Pastorøs signature) If no pastor have a church leader to sign.