

## APPLICATION FOR ADULT MISSIONS

Return to: Little River Baptist Association  
149 Old Dover Rd., Cadiz, KY 42211

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Missions project applying for: \_\_\_\_\_ Date of project: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Birthdate: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Ever Divorced \_\_\_\_\_ Separated  
\_\_\_\_\_ Widowed \_\_\_\_\_ Divorced/Remarried \_\_\_\_\_ Engaged

Education level completed: \_\_\_\_\_ Grade School \_\_\_\_\_ High School \_\_\_\_\_ College

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### Permanent Contact Person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Church Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Do you have Health Insurance coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of Company: \_\_\_\_\_

Your General Health: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Do you have any chronic ailments: \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any physical disabilities: \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you smoke: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Skills/Qualifications:** Work best qualified to perform in order of preference

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Your Christian Experience**

( On a separate sheet of paper, answer these question regarding your Christian experience, and attach to this application.) If Christian experience already on file please check here \_\_\_\_\_.

1. What caused you to recognize your need for Christ?
2. Describe how and when you received Christ as your Lord and Savior.
3. How do you share your faith through your occupation and abilities?
4. What does the church mean to you?

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**PASTOR’S RECOMMENDATION:**

I can whole-heartedly recommend \_\_\_\_\_ to you as a volunteer for this mission assignment.

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Pastor’s Signature

Date

**RESPONSIBILITY RELEASE:**

If I am accepted as a missions volunteer, I wish to make clear my understanding that the Little River Baptist Association nor my church assumes no responsibility for loss of property, damage to same, personal harm or illness that may occur. I, for myself, my heirs, executors, administrators, distributes and assigns, in consideration of my admission to volunteer service and other good and valuable considerations do hereby absolve the Little River Baptist Association and my church and hold them harmless from any claim or demand which I or they might conceivable assert upon the basis on the forgoing.

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Volunteer’s Signature

Date