



APPLICATION FOR VOLUNTEER SERVICE  
Kempsville Baptist Church  
5204 Princess Anne Rd  
Virginia Beach, VA 23462



**Personal Information**

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

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

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

Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Passport #: \_\_\_\_\_ Issued Dated/ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female E-mail address: \_\_\_\_\_

Marital Status( please check one): \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced

Spouse's Name: \_\_\_\_\_

Have you ever been arrested for a felony? \_\_\_\_\_

Sponsoring Church (non-church member): \_\_\_\_\_

**In Case of emergency, please notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Volunteer Field Information**

With which mission project will you serve? \_\_\_\_\_

Dates of the project: \_\_\_\_\_ Field Assignment (Country): \_\_\_\_\_

Please list any foreign language training and your level of proficiency: \_\_\_\_\_

\_\_\_\_\_

Please Note: Your participation requires your presence for the debriefing and report service sessions.

**References:**

Please provide two references. One reference should be a KBC minister or teacher in the area you serve or have served.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Travel Insurance Info**

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please indicate any special skills, talents, or Christian service experience that you feel may be helpful in the field: \_\_\_\_\_

\_\_\_\_\_

Please list any mission experience:

Country	Mission Organization	Dates	Ministry
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **Involvement**

As a member of Kempsville Baptist, your personal involvement and faithfulness is important. Furthermore, as a potential volunteer in missions, your faithfulness is even more critical. Before any candidate is placed on a mission team, the following three crucial requirements must be considered:

1. Belief – Are you a born-again Christian? \_\_\_\_\_Yes \_\_\_\_\_No
2. Tithing – Do you tithe your income? \_\_\_\_\_Yes \_\_\_\_\_No
3. Attendance – Are you a faithful member of a Sunday School class, or are you currently involved in an area of church ministry that prevents your attending Sunday School? \_\_\_\_\_Yes \_\_\_\_\_No

How long have you been a member of Kempsville Baptist Church?\_\_\_\_\_

Please list the ministries in which you have been involved at Kempsville. Please include time of involvement and any leadership positions held:\_\_\_\_\_

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## **Testimony:**

In the space provided below please share your testimony. Please include how long you have been a believer.

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**Please explain briefly what you hope to see the Lord do in and through you on this mission trip.**

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**Kempsville Baptist Church (Everyone fills this out; only those under 21 need parent signature)**  
**Please attach a copy of your insurance card!**

**Medical Release Form**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Grade: \_\_\_\_\_  
Phone #: \_\_\_\_\_ (if applicable)

**MEDICAL INFORMATION:**

Allergies: (medications, food, insect bites...)

Medications taken on a regular basis:

Significant medical history (asthma, diabetes, past operations, serious illness, etc...)

Immunization Dates:

Tetanus: \_\_\_\_\_ Polio Booster: \_\_\_\_\_ Measles: \_\_\_\_\_  
Mumps: \_\_\_\_\_ Other: \_\_\_\_\_

Health Insurance Plan \_\_\_\_\_

Name of Insured (Policy Holder) \_\_\_\_\_

Policy No. \_\_\_\_\_

Name of Primary Care Physician \_\_\_\_\_

Primary Care Physician's Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City/State/Zip (if different from above): \_\_\_\_\_

Phone: (Home) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Daytime/Work) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If you cannot be reached, notify: \_\_\_\_\_ Relationship \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Permission for Treatment**

My permission is granted for any Kempsville Baptist Church staff member or chaperone in charge of church-sponsored events to obtain necessary emergency medical attention in case of sickness/injury for \_\_\_\_\_ (name of applicant). I, the undersigned do hereby release, remiss and forever discharge all chaperones and Kempsville Baptist Church, Virginia Beach, VA, from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the event. I also agree to update this form should there be a change in information, or if the need should arise to provide additional information, during the time when this medical form is in effect.

**Parent/Guardian/Over 21 Your Signature:** \_\_\_\_\_

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

