

**Greenville Baptist Association
New England Partnership**

General Information:

Name as Appears on Driver's License: _____

Address: _____

E-mail: _____ Gender: _____

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

Church Membership: _____ Date of Birth: ____/____/____

Health/Medical/Insurance Information:

General Health: (check one) Poor Fair Good Excellent

Do you have any physical limitations? Yes No If yes, please explain: _____

List all medications that you are taking: _____

List all allergies (food, medications, et cetra): _____

List any medical conditions for which you are currently under the care of a physician:

Name and Phone Number of Primary Care Physician: _____

Insurance Information:

Beneficiary for insurance: _____

Emergency Contact:

Name: _____ Relationship to You: _____

Primary Phone: _____ Other Phone: _____

Legal Information:

Have you ever been convicted of a violation of the law other than a minor traffic violation?

Yes No If yes, please explain: _____

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation? Yes No If yes, please explain: _____

I understand that as a participant of a Greenville Baptist Association mission project, **I agree not to use tobacco products, alcoholic beverages, or illegal drugs; and not to have possession of or use of any fireworks, firearms, knives (excluding utility knives), or weapons of any other kind.**

I authorize and give permission for medical treatment to be given to me in the event that I am unable to make decisions regarding health care for myself.

I will not expect any organization with which I may work or be associated to be responsible or liable to me for any loss or damage to my property; any personal injury or illness; or any other injuries or damage I may suffer. In consideration of my admission to volunteer service, and for other good and valuable consideration, on behalf of myself, my heirs, executors, administrators, and assigns, I hereby release the Greenville Baptist Association, any employee, or volunteer of the foregoing organization from any and all such claims or demands.

I also authorize the news media and the Greenville Baptist Association to publish all photographs/video clips which they might take during the week to illustrate work being done through the Greenville Baptist Association. My consent is without limitations or reservations or any compensation to me.

The above information in this application is true and accurate to the best of my knowledge. I understand that false information will be grounds for termination from the mission team.

I hereby authorize you to verify all information contained on this application with the appropriate personnel or resources. I further authorize that these persons may disclose any and all information regarding my work ethics, personal characteristics, or other areas of importance to this organization. Furthermore, I waive the right to sue the aforementioned personnel or resources for releasing such requested information.

I understand this authorization policy and agree to the release and verification of the aforementioned information.

Signature: _____ Date: _____
(Signature is required for application to be complete.)

Please mail application to: Joel Thrasher
Greenville Baptist Association
220 Howe Street
Greenville SC 29601

Please make all checks payable to the Greenville Baptist Association.