



Alabama WMU provides supplemental travel insurance for each participant: Please provide the name and relationship to you of the person you would like listed as your beneficiary of this insurance.

Supplemental Insurance Beneficiary	Relationship
------------------------------------	--------------

Each participant receives a t-shirt. Please check your t-shirt size.

Small	Medium	Large	X-large	1-X	2-X	3-X
-------	--------	-------	---------	-----	-----	-----

My Covenant

I covenant to spiritually prepare for this volunteer assignment, to carefully read the orientation materials, and to seek to have a servant heart. I pledge that my conduct, in word and deed, will honor the Lord Jesus Christ, as the words of my mouth and the meditations of my heart will be pleasing in His sight. I will employ my skills, talents, and spiritual gifts in the building and expansion of the Kingdom of God in the place where I serve, as God gives me inner strength and wisdom. I covenant to abide by the pre-determined goals of said trip and to act respectfully toward the designated leaders and also toward other co-laborers in this ministry effort.

Volunteer: _____

Date _____

Responsibility and Release

I understand that Alabama Woman's Missionary Union requires that medical insurance coverage is required the entire period of my volunteer service. I wish to make clear my understanding that neither Alabama Woman's Missionary Union, the Alabama Baptist State Board of Missions of the Alabama Baptist Convention, nor my local Baptist church or my local Baptist association will assume any responsibility for loss of my property, or damage to the same, personal harm or illness that may occur. I understand that, if I choose not to make the trip for any reason, or if the organizers of the trip determine that, for security or other valid reasons, the trip should be cancelled, I may not be entitled to reimbursement, whether in part or in full.

Volunteer _____

Date _____