

**WORK PROJECTS/MISSION TRIP
VOLUNTEER INFORMATION FORM**

Project Name/Activity: _____

Name: _____

Address: _____

Phone: (H) _____ (W) _____

Spouse: Name: _____

Address: _____

Phone: (H) _____ (W) _____

Closest Relative: Name: _____

Address: _____

Phone: _____

Last Previous Address: _____

How long have you been attending this church? _____

How long have you been a member of this church? _____

Previous church affiliation (name, city) _____

Family Physician: Name: _____

Address: _____

Phone: _____

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TOLL FREE: 1-866-464-LAWS

Have you been informed about the purposes, activities, locations and any special risks associated with this mission trip/work project? _____YES _____NO

Have you been advised of the housing accommodations, arrangements for meals, and travel arrangements for this project? _____YES _____NO

Do you have any physical limitations which may effect your ability to participate in all or some of these activities or which will require some special accommodations? (e.g. heavy lifting, working at heights, strenuous activities, working in high altitudes):

Please note which of the special skills noted below you possess and in the blanks note others which you may possess that will be of relevance to this project:

SKILL	NONE	LITTLE	AVERAGE	EXPERIENCED
General Carpentry				
Home Construction				
Cabinet Work				
Masonry				
Painting				
Decorating				
Cleaning				
Furniture Finishing				
Demotion of Buildings				
Cement/Concrete				
Plumbing/Water Supply				
Agricultural Work				
English as Second Language				
Cooking/Food Service				
Nursing				
Medical Technician				
Dental Assistant				
Physician				
Dentist				

With which of the following tools are you comfortable and experienced?

TOOL/ITEM	SOME SKILL	CONSIDERABLE EXPERIENCE
Chainsaw		
Table saw		
Tractor		
Handsaws		
Drills		
Cement Mixer		
Paint Sprayers		
Air Driven Tools		
Ax		
Hoe		
Shovel		
Hammers		
Cookstoves		

Note languages in which you have conversational or greater proficiency: _____

Note any special medical or dietary needs: _____

Please check and add comments on training/skills related to health and rescue skills:

- _____ Lifesaving Certificate
- _____ First Aid Training
- _____ EMT Training
- _____ Practical Nursing
- _____ Physician's Assistant
- _____ Doctor (note practice area)
- _____ Nurse
- _____ Dentist
- _____ Dental Hygienist
- _____ Dental Assistant
- _____ Veterinary Medicine
- _____ Physical Therapist
- _____ Medical Technician (note type)
- _____ Pharmacist
- _____ Optometry
- _____ Audiologist

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Comments on Skills: _____

If this project involves overseas activities, complete this section:

Do you have a current passport? Number: _____ Expiration: _____

Have you received information on recommended vaccinations? _____ YES _____ NO

List current vaccinations: _____

In what countries have you previously traveled: _____

Have you been involved in work or mission projects overseas before?
_____ YES _____ NO

If so, please note place and nature of activities: _____

Have you confirmed that your medical insurance will provide protection overseas?
_____ YES _____ NO

Preferred Work Patters

- _____ Am willing to be a team leader
- _____ Prefer to be a team member, but not a leader
- _____ Prefer to work on my own

Date

Signature

