

# Volunteer Information Form

**Name:** First : Middle Initial: Last::

**Address:** Street: City: State: Zip:

**Personal Information:** Birth Date: (DD/MM/YYYY)

Birth Place: (City, State/Province)

Marital Status: Married Single Name of Spouse:

Passport Number (if applicable): Country of Issue:

**Contact Information:** Phone Line: Phone Cel:

Fax: eMail:

**Emergency/Medical Information:** Person to be contacted in case of emergency:

First Name: Last Name:

Relationship:

Street/Box: City: State/Province:

Phone: List any medical problems/restrictions

**Church Membership:** Name of Church :

Member? Yes No Street: City:

State: Zip: Phone:

**Mission Preferences:** Three Preferences 1:  
(Highest to Lowest)

2: 3:

Geographic Preferences:

Availability: