

VOLUNTEER REGISTRATION
CHIHUAHUA, MEXICO MISSION
May 30 – June 5, 2010

NAME _____

ADDRESS _____

TELEPHONE NUMBERS:

HOME _____

CELL _____

When is the best time to contact you? AM _____ PM _____ Evening _____

Do you have any experience in any of the following areas?

Concrete work

Framing

Stucco

Child Care

Roofing

Cooking

Vacation Bible School

Do you speak Spanish?

IN CASE OF EMERGENCY, PLEASE PROVIDE THE FOLLOWING INFORMATION –

Insurance Company _____

ID # _____ Effective Date _____

Group Name _____

Emergency Contact _____

Relationship _____

Telephone # _____

Please attach a copy of the front and back of insurance card to this form.