



# VOLUNTEER INFORMATION FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Profession/Business: \_\_\_\_\_

Church Name: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Ministry/Missions Experience: \_\_\_\_\_

Ministry Location: \_\_\_\_\_ Dates of Travel: \_\_\_\_\_

How would you like to serve our ministry? \_\_\_\_\_

Allergies, diet, health challenges \_\_\_\_\_

Emergency contact name & #: \_\_\_\_\_

Doctor name & contact #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian if under 18: \_\_\_\_\_ Date: \_\_\_\_\_

Do not add me to your mailing list

**Arms of Love Use Only**