



Vessels of Mercy
INTERNATIONAL

GENERAL INTEREST INQUIRY

Name: _____
(First) (MI) (Last)

Language(s) English _____ Spanish _____ Other: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Please indicate all of the areas in which you are interested in serving:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Office/Admin | <input type="checkbox"/> Interpreter |
| <input type="checkbox"/> General/Other | <input type="checkbox"/> Dental | <input type="checkbox"/> Women's Ministry | <input type="checkbox"/> Prison Ministry |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Volunteer Recruitment | <input type="checkbox"/> Eye Care | <input type="checkbox"/> Community |
| <input type="checkbox"/> Ambassador | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Social Networking | <input type="checkbox"/> Multi-media |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Journalism | <input type="checkbox"/> Grant Writer | <input type="checkbox"/> Facility Management |
| <input type="checkbox"/> Website Design and Maintenance | | | |

Church Affiliation: _____

Days/Hours available for service: _____

Do you have any special needs (accessibility requirements)? : _____

Signature: _____ Date: _____