

Work Projects/Mission Trip Volunteer Information

Project Name/Activity:

Name:

1. Have you been informed about the purposes, activities, locations and any special risks associated with this mission trip/work project? Yes_____ No_____

2. Have you been advised of the housing accommodations, arrangements for meals, and travel arrangements for this project? Yes_____ No_____

3. Do you have any physical limitations which may affect 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, and work at high altitudes)? Yes_____ No_____

If yes, please explain:

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

<u>SKILL</u>	<u>NONE</u>	<u>LITTLE</u>	<u>AVERAGE</u>	<u>EXP'D</u>
General Carpentry	_____	_____	_____	_____
Cabinet Work	_____	_____	_____	_____
Home Construction	_____	_____	_____	_____
Masonry	_____	_____	_____	_____
Painting	_____	_____	_____	_____
Decorating	_____	_____	_____	_____
Cleaning	_____	_____	_____	_____
Furniture Finishing	_____	_____	_____	_____
Demolition of Buildings	_____	_____	_____	_____
Cement/Concrete	_____	_____	_____	_____
Plumbing/Water Supply	_____	_____	_____	_____
Agricultural Work	_____	_____	_____	_____
English as Second Language	_____	_____	_____	_____
Cooking/Food Service	_____	_____	_____	_____
Nursing	_____	_____	_____	_____
Medical Technician	_____	_____	_____	_____
Dental Assistant	_____	_____	_____	_____
Physician	_____	_____	_____	_____
Dentist	_____	_____	_____	_____

5. With which of the following tools are you comfortable and experienced? (Circle those with substantial skill, and check for those with some experience.)

Chain saw	Hammer	Handsaw
Table saw	Tractor	Hoe
Cement Mixer	Ax	Drill
Paint Sprayer	Cook Stove	Shovel
Air-driven Tools		

6. Note languages in which you have conversational or greater proficiency.

7. Note any special medical or dietary needs or limitations.

8. Please check and add comments on training/skills related to health and rescue skills?

- | | |
|---|---|
| <input type="checkbox"/> Lifesaving Certificate | <input type="checkbox"/> First Aid training |
| <input type="checkbox"/> EMT training | <input type="checkbox"/> Practical Nursing |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Doctor (note practice areas) |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Dental Assistant |
| <input type="checkbox"/> Veterinary Medicine | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Medical Technician (note type) | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Audiologist |

Comments on Skills: _____

9. In which of the following ministry areas are you comfortable or willing to be trained?

- Personal one-on-one evangelism
- Sharing your testimony before a small group
- Teaching a Bible lesson with plans provided for you
- Sharing in a prayer group
- Leading singing
- Distributing literature
- Leading a children's group in activities such as music, games and Bible stories
- Informal counseling and sharing with spiritual seekers
- Leading sports activities with youth/children