



# Volunteer Request Form

## Contact Information

<b>Organization Name</b>		
<b>Your Name</b>		
<b>Country</b>		
<b>Phone Number(s)</b>		

## Region, Area, and Country of the assignment.

<b>Region</b>	<b>Area</b>	<b>Country</b>
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## Is a language other than English required?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	No, but desired <input type="checkbox"/>
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## If yes, what languages and at what level?

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## How many men, women, and/or couples can you use?

<b>Men:</b>		<b>Women:</b>		<b>Couples:</b>	
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## What type of worker are you interested in?

College Intern <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Either <input type="checkbox"/>
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## Please describe housing and meal arrangements.

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## Monthly Budget 3 MONTHS OR LESS

	Single	Couple
1) Amount needed for food, housing, and local transportation?	\$	\$
2) Amount needed for personal items and sightseeing? (These funds must come from personal resources, not from donors.)	\$	\$
Total of 1 and 2:	\$	\$

## Monthly Budget MORE THAN 3 MONTHS

	Single	Couple
Amount needed for housing? (A non-taxable per diem will be added to this for food, personal items, sightseeing and all incidental expenses related to the MAPS assignment.)	\$	\$

## Money Exchange

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(Over)

**Please number the top three areas you would like help with (1 being your first choice).  
Next, check all other areas of interest.**

Medical/health		Audio/visual media		Food preparation		Graphic arts	
Carpentry/construction		Education		Children's work		Youth work	
Music, vocal		Music, instrumental		Coaching sports		Drama	
Office work/computers		Puppets/clowning		Arts and crafts		Other	

**In your own words, describe the basic work you wish this person to perform.  
(Include dates, camps, special events, etc.)**

**Please describe the climate and what clothing would be appropriate.  
(Include advice on packing, travel, local customs, etc.)**

**Is a visa required? If yes, list special requirements in obtaining the visa.**

**APPROVAL**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Missionary Field Committee \_\_\_\_\_ Date \_\_\_\_\_

Area Director Signature \_\_\_\_\_ Date \_\_\_\_\_