



Date: _____

020582

PERSONAL INFORMATION

Name (Last)	First	MI	Preferred Name	Birthdate (Self)
Spouse Name			Preferred Name	Birthdate (Spouse)
Street Address	City	State/Province		ZIP/Postal Code
Telephone (home)	E-mail Address			Sex Male/Female
Have you participated in a mission project? <input type="checkbox"/> Yes <input type="checkbox"/> No		Project assigned through: <input type="checkbox"/> NAMB		
If yes, date of last mission project _____		<input type="checkbox"/> State Convention		
		<input type="checkbox"/> Association		
		<input type="checkbox"/> Church		
		<input type="checkbox"/> Other _____		

CHURCH MEMBERSHIP

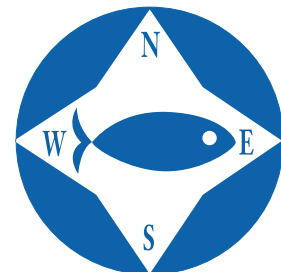
Church Name _____	Name of Pastor _____
Street Address _____	Name of Association _____
City _____ State _____ ZIP (9 digits) _____	Church Denominational Affiliation: _____
Telephone (____) _____ E-mail _____	<input type="checkbox"/> SBC <input type="checkbox"/> Other (specify) _____

INTERESTS/TALENTS/GIFTS

CHECK ALL THAT APPLY		LIST AREAS OF SPECIAL TRAINING AND/OR LICENSE:
SELF	SPOUSE	
<input type="checkbox"/>	<input type="checkbox"/>	Campground Ministries
<input type="checkbox"/>	<input type="checkbox"/>	Church Starts
<input type="checkbox"/>	<input type="checkbox"/>	Construction
<input type="checkbox"/>	<input type="checkbox"/>	Disaster Relief and Recovery
<input type="checkbox"/>	<input type="checkbox"/>	Fairs/Festival/Special Events
<input type="checkbox"/>	<input type="checkbox"/>	Community Surveys/Revivals
<input type="checkbox"/>	<input type="checkbox"/>	Scripture Distribution
<input type="checkbox"/>	<input type="checkbox"/>	State Convention Booths
<input type="checkbox"/>	<input type="checkbox"/>	Teaching (VBS, BBC, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Clowning/Balloon Sculpturing
<input type="checkbox"/>	<input type="checkbox"/>	Raceway Ministry
<input type="checkbox"/>	<input type="checkbox"/>	Seaman's Ministry
<input type="checkbox"/>	<input type="checkbox"/>	Medical/Dental

PERMANENT CONTACT

Name _____
Street Address _____
City _____ State/Province _____ ZIP (9 digits) _____
Telephone (____) _____ E-mail _____



Return form to:
North American Mission Board, Adult Volunteer Mobilization, 4200 North Point Parkway, Alpharetta, GA 30022-4176