



EVERYlife inc.

VOLUNTEER INFORMATION FORM

Full Name _____
First Middle Last

Address _____
Street City State Zip

Email Address _____ Cell Phone _____

Date of Birth _____ Male _____ Female

_____ Adult _____ Married _____ Single (for whatever reason) _____ Student (Grade _____)

_____ I have a valid passport (Expiration date _____) _____ I do *not* have a valid passport

Other countries I have visited

Current Occupation _____

Please list any other special skills, certifications, or qualifications _____

Personal References (please list 2 non-family members) who have known you for at least 3 years who would be willing to provide a personal reference for you if requested.

Name Phone Number Email #of years known

Name Phone Number Email #of years known

Do you have any chronic or ongoing health issues? Previous injuries? If yes, please explain

Previous Mission Trips, Community Work, or Volunteerism

Describe your current level of involvement in churches and/or community activities

Educational Background

Who or what have been primary influences in your life

What are concerns you have about this trip?

What are you looking most forward to about this trip?

Have you ever been convicted of a felony? _____ If yes, please describe

Please mark each of the following skills with a number to show if you are:

1 – uncomfortable

2 – familiar

3 – experienced

___ Teaching

___ Musical ability

___ Cooking

___ Medical aid

___ Drama

___ Sharing a personal story

___ Organizing games

___ Crafts

___ Sewing/Quilting/Knitting

___ VBS

___ Working with Children

___ Construction _____

___ Roofing

___ Laying brick or block

Please indicate which team you prefer to participate with: _____

Completing this application indicates my commitment to going on this trip. **I also commit to participating in all of the training times, team meetings, and fundraisers.** If for some unforeseen reason, I cannot participate, I will inform my team leader as soon as possible. I am also indicating my serious intentions with this application by depositing \$400.00 towards the cost of this trip. I understand that the deposit is non-refundable. I understand that all funds paid go towards the cost of the trip and are non-refundable. All credit card payments will be charged an additional 3%.

*Volunteer signature:(required)_____Date_____

Parent signature:_____Date_____

(if Volunteer is under 18years of age)

Method of deposit payment Check_____ Date Mailed_____

Credit Card_____ [Use this link to pay by credit card](#)

Other_____



Please submit a digital copy of this form to
info@everylifeinc.org

Mail Checks to:
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Broomfield, CO 80021