



UNITED MISSION TO AFRICA

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TOGETHER WE CAN SAVE LIVES

Volunteer Application Form

Applicant information

Full Name

Address

City Zip

Phone Email

Emergency Contact

Name

Address

Phone Email

Relationship

Any physical limitations?

Any special talents, interests or skills you have that may benefit our mission or organization

Please list any volunteer work you have completed (Where, when and type)

Email: umissiontoafrica@gmail.com

Phone: 513-341-8181

Site: www.umission2africa.org

Address: 9550 Mason Montgomery Rd, # 1122, Mason, OH 45040

EIN : 85-1823095



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Education/Training/Certificates

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of United Mission to Africa

Please tell us anything else you would like to share

List three objectives you want to accomplish during this mission

As a volunteer of our organization, you agree to abide by the policies and procedures. You understand that you will be volunteering at your own risk and that the organization, cannot assume any responsibility for any liability, any accident, injury or health problem which may arise from any volunteer work you perform for the organization. You agree that all the work you do is on a volunteer basis.

Signature: **Date**

Thank you for your interest in our organization