

IBA

International Brotherhood Aid

Application form

Date_____

General information

Name (as in passport) _____ Date of Birth _____

Passport number _____ Expiration date _____

Gender: M___ F___ Marital status: Married___ Widow(er)___ Single___

Address:_____

City: _____ State: _____ Zip: _____

Phone Number:_____

Email:_____

Please include a copy of you passport picture when you return the application

Emergency contact information:

Name:_____ Relationship:_____ Phone #_____ Email:_____

Name:_____ Relationship:_____ Phone #_____ Email:_____

Do you have any physical limitations: Yes:_____ No:_____

If yes, please describe_____

What if any medical skills do you have?_____

Language/Experience

What, if any, languages do you speak?_____

Degree of fluency? Novice___ Intermediate___ Fluent___ Translator___

What trade(s) are you experienced in? _____

General Questions

Are you in agreement with IBAs Volunteer Guideline And Dress Code? Yes___ No___

Church affiliation: _____

Name of home congregation:_____

Have you had a life changing New Birth experience? Yes___ No___

Do you feel you're in good standing in your home church? Yes___ No ___

Can you work through relationship struggles in a peaceful and Godly way? Yes ___ No ___

(If single and living at home) Parents Names: _____

Phone number: _____ email address:_____

Lead Pastor, Bishop or Deacon of you church:_____

Phone:_____ email address:_____

Are you interested in? *(Please note that these projects may not always be available and you will be asked to server in other projects)*

Ukraine Restore hope: ___Food parcels and refuges: ___

Grain drying and sustainable living: ___ Wherever needed:_____

IBA Ukraine

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