

VOLUNTEER APPLICATION/PROFILE

NAME: _____

ADDRESS: _____

TELEPHONE: _____ Indicate Land Line or Cell

EMAIL: _____

AGE: _____ PHYSICAL CONDITION: _____

EMERGENCY CONTACT: _____

CONSTRUCTION SKILLS: _____

PHYSICAL LIMITATIONS: _____

DIETARY CONCERNS: _____

WOULD YOU LEAD A BIBLE STUDY ONCE: _____

(I will need 5 volunteers)

DO YOU HAVE SAFE SANTUARY CERTIFICATION? _____

Please complete for each person. Then, return to the following address with your deposit made payable to HOLSTON CONFERENCE UNITED METHODIST WOMEN. Upon receipt, we will send you a confirmation with additional information about the organization we will be assisting.

Gayle Kilgore
UMW Conference Mission Officer
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Pound, VA 24279
Phone – 276-796-5539
Email – gaylekilgore5@gmail.com