

UNITED METHODIST VOLUNTEERS IN MISSION The Florida Conference of The United Methodist Church 450 Martin Luther King, Jr. Ave., Lakeland, FL 33815 - 1522

Tel: 800-282-8011 x 195 Fax: 863-680-1912 flumc-missions.org

MISSIONER PROFILE

First name	Middle		La	.st		
Home Street Address						
City, State, Zip Code						
Email	Worl	k Ph			Home Ph	
Date of birth (mm/dd/yy)		Sex	Nat	ionality		
Passport #	ssport # Where issued			Exp date (mm/dd/yy)		
District	Local church					
Team leader Project host						
Project location (city/town and	country)					
Date of Departure(mm/dd/yy)	<u> </u>	Date	of return			Total # days
_						
Emergency contact:		Relat	ionship		Ph	ı
Participant's Physician Phone Number Physician Phone Number						
Allergies and Medications						
 In consideration of the opportunity consideration of other obligation and sign below: I agree to share my faith I agree to cooperate at a with the team from begin I agree to abstain from unacceptable for Christian 	in an appropriate all times with the thing to end.	e mission Christia team lea while	n organizati in manner ider concern	on, plea	se review th	te following agreement fe together and to stay
In witness whereof, I have executed this agreement at (City,State)						
Date (mm/dd/yy)	Sig	gnature				