

**GBGM MISSION VOLUNTEERS – VOLUNTEER DATA FORM**

By my signature below, I consent to the recording and use of the personal data I am providing for the Mission Volunteers Database (MVDB), utilized by designated, password-authorized persons in GBGM, UM Committee on Relief (UMCOR), UM Volunteers In Mission (UMVIM), and MV programs. A voluntary service, the MVDB provides information for volunteer recruitment, placement, and communication, as well as insurance and statistical record-keeping. I may obtain a copy of and/or request the deletion of my data by contacting GBGM by signed request. After seven (7) years of no data activity, my personal data may be deleted. I release GBGM and all MVDB-authorized users from all legal responsibility for the use of my personal data unless they have recklessly misused the information. For complete details regarding MVDB policies, please consult: <http://gbgm-umc.org/vim/mvdb/policy.htm>.

Signature \_\_\_\_\_

Date (m/d/y) \_\_\_\_\_

**Program Memberships/Interests** Please check (or x) all of the appropriate boxes of the following statements.

I am a **Member/Participant (M/P)** of and/or I am **Interested (INT)** in the following programs:

**M/P INT**

- Individual Volunteer (minimum commitment of 2 months)
- United Methodist Fellowship of Health Care Volunteers (UMF/HCV) Date joined: (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_
- Disaster Response. If member, last UMCOR Training: (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Level I:  Early Response  Basic Training Academy  
 Level II:  Pastoral Care  Case Management  Volunteer Management  
 Warehouse  Children  Youth  Older Adults
- NOMADS (program for volunteers with recreational vehicles)
- Global Justice Volunteers (a social justice program for young adults 18-25)
- Primetimers (a learning and service experience for adults aged 50+)
- TeachUM. Teach United Methodists (Education Professionals)
- Team Leader Training. If trained, date of training: (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

**BASIC DATA – PLEASE PRINT**

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr. <input type="checkbox"/> Other		Legal First Name	Middle Initial	Last Name	
Preferred First Name	DOB (m/d/y) / /	Occupation / Profession		[ ] Active [ ] Retired	
Citizenship		Passport #	Expires (m/d/y) / /		
Name of Place of Worship (your church, temple, synagogue, etc.)			Phone	Denomination / Faith	
I can be contacted if my skills might be needed. <input type="checkbox"/> Anytime <input type="checkbox"/> One week's notice <input type="checkbox"/> One month's notice <input type="checkbox"/> Never What types of experiences have you had? <input type="checkbox"/> Local <input type="checkbox"/> National <input type="checkbox"/> International What is/are your geographic preference(s) for future missions / placements? <input type="checkbox"/> Local <input type="checkbox"/> National <input type="checkbox"/> International How many Volunteers In Mission experiences have you had in the past 10 years? Number ____ How many VIM Team Leader experiences in the past 10 years? <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more					
Emergency Contact: Primary	Full Name (and Address if desired)			Relationship	
				Phone #	
Emergency Contact: Secondary	Full Name (and Address if desired)			Relationship	
				Phone #	
<input type="checkbox"/> Current Address <input type="checkbox"/> Home Address	Street	City	State	USA/International	Postal Code
Home Phone			Mobile Phone		
Fax			E-mail Address		
<input type="checkbox"/> Work Address <input type="checkbox"/> Home Address	Street	City	State	USA/International	Postal Code
Home Phone			Mobile Phone		
Fax			E-mail Address		
Check the box if you want your name to be removed from your jurisdiction, conference, and/or program newsletters. <input type="checkbox"/>					

**PLEASE REMEMBER TO SIGN THIS FORM – FRONT / TOP**

LANGUAGES				GENERAL SKILLS		
<b>Spoken</b>	<b>Fluent</b>	<b>Interm.</b>	<b>Begin.</b>	<input type="checkbox"/> A/V Specialist	<input type="checkbox"/> Fork-Lift Operation	<input type="checkbox"/> Professor
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Gardening	<input type="checkbox"/> Puppetry/Clowning
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Animal Husbandry	<input type="checkbox"/> HTML/Web Design	<input type="checkbox"/> Quilting
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Architecture	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Semi-Truck Driver
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Broadcasting	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Sewing
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child Care	<input type="checkbox"/> Legal Help	<input type="checkbox"/> Signing/Braille
Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Christian Education	<input type="checkbox"/> Leading Bible Study	<input type="checkbox"/> Social Work
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Civil Engineering	<input type="checkbox"/> Managing/Administration	<input type="checkbox"/> Solar/Wind Energy
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Computers	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Teaching
<b>CONSTRUCTION SKILLS</b>				<input type="checkbox"/> Cooking	<input type="checkbox"/> Mechanics (Auto)	<input type="checkbox"/> Typing
<b>Skills</b>	<b>Prof.</b>	<b>Interm.</b>	<b>Novice</b>	<input type="checkbox"/> Counseling	<input type="checkbox"/> Mechanics (General)	<input type="checkbox"/> Video/Photography
Blueprinting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Drawing/Painting	<input type="checkbox"/> Music, Leading	<input type="checkbox"/> Water Systems Engineer
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ESL Education	<input type="checkbox"/> Music, Performing	<input type="checkbox"/> Writing
Code Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Farming	<input type="checkbox"/> Office Work	<input type="checkbox"/> Other _____
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Finance/Accounting	<input type="checkbox"/> Pastor	
Coordinating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>HEALTH CARE SKILLS</b>		
Drywall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Status		
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Student	<input type="checkbox"/> Active	<input type="checkbox"/> Retired
General Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Allergist	<input type="checkbox"/> Internist	<input type="checkbox"/> Orthopedist
Glass/Glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Anesthesiologist	<input type="checkbox"/> Lab Technologist	<input type="checkbox"/> Pediatrician
Heating/Air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Audiologist	<input type="checkbox"/> Med./Nrsng. Educator	<input type="checkbox"/> Pharmacist
Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bio-Med Tech	<input type="checkbox"/> Mental Health Provider	<input type="checkbox"/> Physician Assistant
Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cardiologist	<input type="checkbox"/> Nurse	<input type="checkbox"/> Physical Therapist
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Nurse Anesthetist	<input type="checkbox"/> Podiatrist
Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Counselor	<input type="checkbox"/> Nurse Midwife	<input type="checkbox"/> Radiologist
Plastering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dental Hygnst./Asst.	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Speech/Hearing
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dentist	<input type="checkbox"/> Nutritionist	<input type="checkbox"/> Surgeon
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dermatologist	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Veterinarian
Surveying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> EMT/Paramedic	<input type="checkbox"/> Ophthalmologist	<input type="checkbox"/> X-Ray Tech
Welding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Family Practitioner	<input type="checkbox"/> Optometrist	_____
Well Drilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hospital Administrator	<input type="checkbox"/> Oral Surgeon	_____
Woodworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
_____						

Please return completed forms to: Mission Volunteers, General Board of Global Ministries,  
475 Riverside Drive, Room 330, New York, NY 10115 • Fax: 212-870-3624. Thank you for your time and effort!!