

VOLUNTEER APPLICATION FORM

Personal Information:

First Name: _____ Last name: _____

Address: _____

Home Telephone Number: _____

Mobile Number: _____

Skype: _____ Email: _____

Date of Birth: _____ Citizenship: _____

Gender: _____ Marital Status: _____

Church Name: _____ Pastor's Name: _____

ID PICTURE

Preferred date of volunteering with us:

From: _____ Until: _____

Health Status/Current Medications:

Please briefly describe your experience/relationship with Christ:

Describe your interest in this mission experience:

Bank Account Details (Philippines)

Vision Help International Care Foundation, Inc.
Banco De Oro (Rizal-Cainta Primark Branch)
Account No.: 005080246201
Swift Code: BNORPHMM
Routing No.: 0210 0001 8

Contact Details in the Philippines

Vision Help International Care Foundation
No. 10 Pugala Road, Sitio Pugala,
Bgy. Lagundi, Morong,
Rizal Philippines 1960
Office: +63 917 159 2308
Email: info@vhlcf.org

Contact Details in Germany

Vision Help Stiftung
Postfach 140101
28808 Bremen, Germany
Office: +49 4221 298 20 04
Email: mail@vhlcf.org

Bank Account Details (Germany)

Vision Help International Care Foundation Stiftung
Bank: Evangelische Bank
IBAN: DE13 5206 0410 0005 0289 30
BIC: GENODEF1EK1

Describe any prior mission experiences that you had:

Please list down any talents/abilities that may prove useful in this experience (i.e. music sports, etc.)

***Personal References
(Pastor/Youth Leader, etc.):***

Full Name: _____
Address: _____
Home Telephone Number: _____
Mobile Number: _____

Emergency Contact Information:

Full Name: _____
Address: _____
Home Telephone Number: _____
Mobile Number: _____
Email: _____
Relationship to you: _____

Signature Over Printed Name

Date

Bank Account Details (Philippines)

Vision Help International Care Foundation, Inc.
Banco De Oro (Rizal-Cainta Primark Branch)
Account No.: 005080246201
Swift Code: BNORPHMM
Routing No.: 0210 0001 8

Contact Details in the Philippines

Vision Help International Care Foundation
No. 10 Pugala Road, Sitio Pugala,
Bgy. Lagundi, Morong,
Rizal Philippines 1960
Office: +63 917 159 2308
Email: info@vhicf.org

Contact Details in Germany

Vision Help Stiftung
Postfach 140101
28808 Bremen, Germany
Office: +49 4221 298 20 04
Email: mail@vhicf.org

Bank Account Details (Germany)

Vision Help International Care Foundation Stiftung
Bank: Evangelische Bank
IBAN: DE13 5206 0410 0005 0289 30
BIC: GENODEF1EK1