



## VOLUNTEER SIGN UP FORM

Please complete and send to [info@mindofutures.org](mailto:info@mindofutures.org)

### INFORMATION: (Lines w/ asterisk must be filled out):

\*Name: \_\_\_\_\_

\*E-mail: \_\_\_\_\_  
(please write email address **extremely clear**)

\*Cell Phone: \_\_\_\_\_  
(we communicate very much thru Whatsapp)

\*IF YOU ARE UNDER THE AGE OF 18, PLEASE SPECIFY AGE: \_\_\_\_\_

### INTEREST(S): Please check one or more (applicable to you):

Travel on SPRING MISSION ☐

Travel on MEDICAL MISSION ☐

Travel on COLLEGE MISSION ☐

Travel on YOUTH MISSION ☐

Is your interest in helping out by participating here at home ☐

Is your interest in being a supporter/donor (supplies/monetary) to the foundation ☐

### TYPE OF VOLUNTEER: Please Check One (applicable to you):

GENERAL  
VOLUNTEER: ☐ Occupation: \_\_\_\_\_

DOCTOR: ☐ Specialization: \_\_\_\_\_

ARNP / PA: ☐ Specialization: \_\_\_\_\_

NURSE: ☐ Specialization: \_\_\_\_\_

OTHER  
MEDICAL: ☐ Please specify: \_\_\_\_\_

MEDICAL  
STUDENT: ☐ Year of Med School (pre-med does NOT apply): \_\_\_\_\_

NURSING  
STUDENT: ☐ Year of Nursing School (pre-nursing does NOT apply): \_\_\_\_\_

HIGH SCHOOL  
STUDENT: ☐ School you attend: \_\_\_\_\_

UNIVERSITY  
STUDENT: ☐ School you attend: \_\_\_\_\_

### GENERAL QUESTIONS: Please answer all that apply:

Have you traveled on one of our mission trips before? YES ☐ NO ☐

If so, which mission and how many times?

Mission: \_\_\_\_\_ # of times: \_\_\_\_\_

If you answered no, or have not been involved before, how did you hear about Mindo Futures?

\_\_\_\_\_

**\*ANY FAMILY MEMBER/FRIEND WHO HAS VOLUNTEERED OR TRAVELED WITH US BEFORE?**

(Please write their name here): \_\_\_\_\_

### SIGN & DATE:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_