

SEND International of Alaska
P.O. Box 369
Glennallen, Alaska 99588
Phone: 907.822.3291
Fax: 907.822.3290

Please attach a
recent snapshot

APPLICATION FORM for SUMMER VOLUNTEER MISSIONARIES

Church/ group sponsoring the team: _____

Name _____ Birth Date _____

Address _____ City _____ State ____ Zip _____

Phone # _____ E-mail _____

Social Security Number _____ Citizenship _____

Married _____ Single _____ T-shirt size: __ S __ M __ L __ XL __ XXL

Home Church _____ Pastor _____

Address _____ City _____ State ____ Zip _____

Phone _____

Whom to notify in emergency _____ Relationship _____

Address _____ City _____ State ____ Zip _____

Phone _____

Would you be coming: Alone ____ Bringing a family ____ (If marked see next question)

Names of Family Members (include relationship and ages of children) _____

Dates available for service – from _____ to _____

Have you volunteered for SEND previously? _____ What area? _____

Do you know any SEND missionaries? Who? _____

Please provide a copy of your insurance card and proof of Medivac coverage along with this application.