BRAZIL 2025 VOLUNTEER INFORMATION FORM

Please complete and **return promptly** by mail or e-mail

(Full Name) First	Middle	Last		Date of Birth	
Address		City		Zip	
Telephone (Cell)	Work	Ema	ail		
Passport Number	ort Number Passport Expiration Date		Place of	Place of Passport Issue	
# of Blank Passport Pages	Do you have a valid Brazilian Visa? ges			If Yes, date of Visa Expiration	
Have you previously been If "Yes", what year(s)?		□Yes □No What main city did you	ı visit?		
Preferred U.S. City of depa	arture				
Do you know a person with (private/single rooms are avai			YesName		
Home Church		Address			
Person to be contacted in	case of emergen	су:			
Name		Phone N	umber		
Address Work Number					
Name and relationship of	person to be liste	ed as beneficiary on the	e accidental/life	insurance policy.	
Name		Relations	ship		
Have you had a tetanus sh			Yes □No		
Have you had a Yellow Fev	_	_			
Have you had a Hepatitis If yes, when If follow the advice of your p	answer is no, US	A State Dept recomme		M L XL XXL 3X f the answer is no,	
Please register me for the July 18 - 29 - Trip to 0 July 18 - 31 - Trip to 0 July 18 - 31 - Trip to 0	Campinas Only - Rio De Janeiro \$3	Cost \$2,895 (Prices Wil	ased on Airline Boo	oking)	
Please indicate your des Preacher Doct Music Construct Street Evangelism Please enclose a \$1,500 dep it to Dwight Lowrie, P. O. Box	or Dentist. ction DramOther (Descri	Nurse Evaluation	vangelistic Home Vacation Bi payment to "Harve	e Visits ble School	