



SPOUSE INFORMATION

(FOR AN UNASSIGNED SPOUSE)
NAD OFFICE OF VOLUNTEER MINISTRIES
www.hesaidgo.net

To be completed by an Unassigned Spouse accompanying a Volunteer serving with the Adventist Volunteer Service.

BIOGRAPHICAL INFORMATION			
LEGAL NAME AS IT APPEARS ON PASSPORT			
SURNAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
Preferred Name		Birth Date (optional) day/month/year	
Passport Country		Baptism/Date of Membership month/year	
<p>**Because you and your spouse will be considered for mission service as a team, you will need to submit application forms. However, as an unassigned spouse (not available to volunteer), you should substitute the "Spouse Packet" plus 1-2 references and the Health Certificate. Opportunities for couples or families are very limited because of housing and/or educational facilities.</p>			

Please include country and city area codes

ADDRESS			
Street (not PO Box)			
City	State/Province	Postal Code	
Country	E-mail		
Phone (H)	Work	Fax	Cell

EMERGENCY CONTACT INFORMATION			
Name		Relationship	
Street (not PO Box)			
City	State/Province	Postal Code	
Country	E-mail		
Phone (H)	Work	Fax	Cell

AGREEMENT

I permit the AVS office to release my personal information to be included with my spouse's application Yes No

Signature _____

Date _____

When completed, return to NAD Division Volunteer Coordinator: FAX: (301) 680-5079



SV-013 1/07
SV-011 1/07

