

**Florida District of The Wesleyan Church
Disaster Relief
Volunteer Application**



Date _____ Full Name _____

Address _____

City _____ Florida, Zip Code _____

Phone _____ E-mail _____

Emergency Contact Name _____ Phone _____

Church's Name _____ Pastor's Name _____

Please **circle** your interests in participation:

Electrical

Tree/debris clearing

Roofing

Carpentry

Construction

Handyman

Cooks

Medical professional

Mechanics

Others _____

If you have participated in any disaster relief project in the past, please describe your experience:

Do you have any physical or medical disabilities that would hinder your involvement? If so, please explain:

If sent to a disaster area, please indicate below the duration you would be able to participate:

___ one week

___ two weeks

___ one month

Please list any additional information we should know about your background or qualifications:

Please mail, email or Fax your applications to: The Florida District of The Wesleyan Church
3807 Maryweather Ln
Wesley Chapel, FL 33544
Fax: (813) 907-5522
Email: do@floridawesleyan.com