



## CONTACT, INTEREST, SKILLS INFORMATION 1-12

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PLEASE PRINT CLEARLY AND RETURN FORM TO ABOVE ADDRESS

<u>Name</u>	Date	
<u>Street Address</u>	City, State Zip Code	
<u>Home Phone</u>	Work Phone	
E-mail	Cell #	

1. Please check areas of interest:     Home Team                       Travel Team                       Both
2. If Travel Team, please Indicate:  Faith Sharing Mission     Vision Screening Mission     Cataract Mission
3. Have you participated in missionary activities before  YES  NO If yes, please list when and where?
4. Do you speak any languages besides English? \_\_\_\_\_  
If yes, are you fluent?  YES  NO
5. Have you traveled outside of the U.S.A?  YES  NO If yes, please list locations
6. Do you play a musical instrument?  YES  NO If yes, which one? \_\_\_\_\_
7. Please circle areas below where you see yourself potentially sharing your skills, talents or interests.

Computers	Educational	Volunteer Areas	Medical	Medical Related	Occupational Expertise
Data Entry Programs: *Excel, *Word *Power Point Programming Websites	Teachers: *ESL *School Teacher Grade _____ Religious Education *Age Group _____ *Lesson Planning  Spanish Translator *On-Mission Translator *Translating Documents	Bulk Mail Outs Creative Writing *Newsletters *Web Articles Fund Raising Phone Calling Photography Public Speaking Sewing Visual Aides	Anesthesiologist Dentist Doctor *Specialty _____ Nurse *Specialty _____ Optician Optometrist Surgeon *Specialty _____	CPR Optometry Tech Other _____	Accounting Banking Carpentry Clergy Construction Deacon Lawyer Marketing/Publicity Printing/Advertising Religious Order Other _____

8. Please identify your Parish or Faith Community affiliation. \_\_\_\_\_
9. Please identify areas of current ministry involvement or community service. \_\_\_\_\_
10. If currently a student please indicate: Current grade level \_\_\_\_\_ Name of School \_\_\_\_\_
11. Age group:  16-23     24-30     31-40     41-50     51-60     70+