



Return to CDR:
Fax (620)869-9014
Email to: christiandisasterrelief@gmail.com

CDR Application form for the: _____ **Unit** _____

Name on passport (EXACT!): _____
MONTH/DAY/YEAR

Birth date: _____ **Marriage status:** **Married** **Single**
MONTH/DAY/YEAR

Cell phone: _____ **Zip/postal code:** _____

Phone/Fax: _____ **Email:** _____

Full Address: _____

Parents: _____ **Home Congregation:** _____

Home airport: _____ **Comments:** _____

Please state your experience level: Circle answer:
Construction? Yes No | **Crew Leader?** Yes No | **Year's experience** _____

Specific type of trade skill: _____

Preferred dates to serve: _____

Staff signature: _____ **Date:** _____
MONTH/DAY/YEAR

PLEASE NOTE:

- ✓ FOR MORE INFORMATION, CONTACT YOUR CONGREGATIONAL CDR AGENT.
- ✓ WE ENCOURAGE LOCAL CONGREGATIONS TO SHARE IN VOLUNTEER TRAVEL COSTS.
- ✓ CDR WILL PAY UP TO \$3000 FOR EMERGENCY MEDICAL WHILE IN THE SERVICE OF CDR.
- ✓ PURPOSE OF THIS FORM: TO CONFIRM ELIGIBILITY AND TO PROVIDE ACCURATE INFORMATION FOR TRAVEL BOOKING.

"As we have therefore opportunity, let us do good unto all men"