



"Reaching the world, one life at a time"

*Name _____ *Date of Birth _____

*Phone Number _____

*Address _____

*City _____ *State _____ *Zip _____

*Contact Me About Becoming: ___ Packaging Volunteer ___ Contributor
 ___ Distribution Center

Organization _____ Number _____

Address _____

City _____ State _____ Zip _____

Comments

*Required sections

Complete and mail this form to Hope-International, P.O. Box 857, Dexter, MO 63841, or email it to info@hope-international.us. You will be contacted concerning your interest to participate. This form will not be considered as a binding application. You may also contact us by phone through our contact us page.