



Louisiana Volunteers in Mission
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Emergency Contact Information

Return to Team Leader

Missioner's name on passport _____ Passport number _____
Mailing address _____ Date of birth _____
Home Ph. _____ Work Ph. _____ Cell Ph. _____

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:

Name _____ Relationship to missioner _____
Address _____
City / State / Zip _____
Home Ph. _____ Work Ph: _____ Cell Ph. _____

IF UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING:

Name _____ Relationship to missioner _____
Address _____
City / State / Zip _____
Home Ph: _____ Work Ph. _____ Cell Ph. _____

OTHER INFORMATION YOU WISH TO ADD IF AN EMERGENCY ARISES: