

Volunteer Application

| | | | Ар | plica | nt Information | | | | | | |
|---|---------------------|---------------|----------|--------|--------------------------|-------------------|-------------|-------|--|--|--|
| Full | Full | | | | | Date | | | | | |
| Name: | | | | | | :, | | | | | |
| | Last | | Fit | rst | | M.I. | | | | | |
| | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Street Address | | | | | | | Apartment/U | nit # | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | City | | | | | State | ZIP Code | | | | |
| | | | | | | | | | | | |
| Phone: | | | | | Email | | | | | | |
| | | | | | | | YE | | | | |
| | | | YES | NO | | | S | NO | | | |
| Are you a citizen of the United States? | | | | | If no, are you authorize | ed to work in the | | | | | |
| | | | | | | | | | | | |
| | rently on probatior | n or | YES | NO | | | | | | | |
| parole? | | | | | | | | | | | |
| Have you over been convicted of a | | YES | NO | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | |
| , | | | | | | | | | | | |
| | | | | | | | | | | | |
| If you answ | ered "YES", please | e explain the | e nature | of the | offense and provide the | date of the offen | ses: | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | Vo | lunte | er Experience | | | | | | |
| | | | VO | lullic | er Experience | | | | | | |
| | | | | | | | | | | | |
| Particular g | ifts/skills: | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | Church | | | | | | |
| | olunteered in a | YES | NO | | Name/ | | | | | | |
| previous ch | urcn? | | | | Role: | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Do you hav | e CPR/First Aid Ce | ertification? | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | V | TEC NO | | | | |

| Volunteer Interests | | | | | | | | | | | |
|--|----------------------------------|--|-----|------|---|--|--|--|--|--|--|
| Youth Sunday Scho | ol Youth Wednesday Evenings | Youth Wednesday Evenings Adult Bible Studies | | | | | | | | | |
| Children's Church Events | Children's Wednesday Afterno | Children's Wednesday Afternoon Youth Special | | | | | | | | | |
| Children's Special E | | | ı | | | | | | | | |
| | | | | | | | | | | | |
| D | | | YES | NO [| | | | | | | |
| Do you have your o | wn transportation and insurance? | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | _ | _ | _ | | | | | | |
| References | | | | | | | | | | | |
| Please list three pe | rsonal references. | | | | | | | | | | |
| Name: | | Relationship: | | | | | | | | | |
| Address: | | Phone: | | | | | | | | | |
| Full Name: | | Relationship: | | | | | | | | | |
| Address: | | Phone: | | | | | | | | | |
| Full Name: | | Relationship: | | | | | | | | | |
| Address: | | Phone: | | | | | | | | | |
| Disclaimer and Signature I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission | | | | | | | | | | | |
| of facts called | , , | | | | | | | | | | |
| - J | | | | | | | | | | | |