

Volunteer Application

The first two pages of this document are required for all volunteer positions. After filling these out, continue to the section or sections of particular interest and complete those. Use the back of the application for additional comments. Please return completed applications to: _____.

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City/State: _____ Zip Code: _____

Home Number: _____ Business Number: _____ Cell Number: _____

Email Address: _____ Church Member: ☐ Yes ☐ No

How long have been attending _____ Church? _____

Preferred way to be contacted: ☐ Phone ☐ Email Best time to contact: _____

What ministries do you participate in at _____ Church? _____

Volunteer Position

Where are you interested in serving (ministry area/position)? _____

Volunteer Ability

I am able to volunteer on: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

I am able to work the following times: ☐ a.m. hours ☐ p.m. hours ☐ weekdays ☐ weekends

Volunteer Experience

Have you ever volunteered before? ☐ Yes ☐ No

Position and description of responsibilities: _____

What talents, interests, skills, and/or training do you have that you feel could be beneficial to _____ Church? _____

Based on feedback you have received from others, what do you understand your spiritual gifts to be? _____

Personal Testimony *(Please use the back of this application for additional space if needed.)*

If you feel you have come to know Christ as your personal Savior, how and where did you take that step?

☐ I profess a personal faith and relationship with Jesus Christ as my Lord and Savior.

Signature: _____

Date: _____