

# Volunteer Application

Fill the form below accurately.

Name:

First Name

Last Name

Spouse:

Date of Birth:

mm-dd-yyy

Anniversary:

mm-dd-yyy

Phone Number:

Area Code

Phone Number

Emergency Contact:

Name

E-mail Address:

ex: myname@example.com

Phone

Address:

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Name of Church you currently attend:

Church Name

Pastor's Name

Phone Number

What does your walk with God mean to you?

What Life Experience, or skills do you possess that you feel would be a benefit to the ministry?

Please Check all of the following where you have experience, talent, or an interest!

- |   |  |
|---|--|
| <input type="checkbox"/> Camera Operator        | <input type="checkbox"/> Data Entry/Computer         |
| <input type="checkbox"/> Filing                 | <input type="checkbox"/> Organizing                  |
| <input type="checkbox"/> Camera Shading         | <input type="checkbox"/> Guest Relations             |
| <input type="checkbox"/> Camera Engineering     | <input type="checkbox"/> Prayer/Phones               |
| <input type="checkbox"/> Video Editing          | <input type="checkbox"/> Receptionist                |
| <input type="checkbox"/> Video Technician       | <input type="checkbox"/> Shipping & Mailing          |
| <input type="checkbox"/> Audio Technician       | <input type="checkbox"/> Child Care ( Nursery, etc.) |
| <input type="checkbox"/> Lighting Technician    | <input type="checkbox"/> Cooking/Baking              |
| <input type="checkbox"/> Stage Hands            | <input type="checkbox"/> Carpentry                   |
| <input type="checkbox"/> Make-Up Artist         | <input type="checkbox"/> Electrician                 |
| <input type="checkbox"/> Wardrobe               | <input type="checkbox"/> Painting                    |
| <input type="checkbox"/> Graphic Artist         | <input type="checkbox"/> Scriptwriting               |
| <input type="checkbox"/> Web Design             | <input type="checkbox"/> Yard Maintenance            |
| <input type="checkbox"/> Heavy Lifting & Moving | <input type="checkbox"/> Deep Cleaning               |

What days/hours per week are you available?

- |                                    |                                   |                      |
|------------------------------------|-----------------------------------|----------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   | Hours Per Week:      |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday | <input type="text"/> |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   | Ex: 23               |
| <input type="checkbox"/> Thursday  |                                   |                      |

# References

Please list two (2) references that we may contact.

## Reference 1

Name:

First Name

Last Name

Phone Number:

Area Code

Phone Number

Years Known:

Relationship:

## Reference 2

Name:

First Name

Last Name

Phone Number:

Area Code

Phone Number

Years Known:

Relationship: