



COMMUNITYCHURCH

volunteer application - general

personal information

Last Name _____ First Name _____ MI _____

Birth Date _____ Marital Status Single Married Widowed Divorced

Gender Male Female Email _____

Address _____ City/State/Zip _____

Home Phone _____ Work _____ Cell _____

Driver's License Number _____ State Issued _____

Preferred Way to Be Contacted Phone Text Email

Medical Training and/or CPR certified _____

Social Security # (needed for background check) _____

How long have you been attending Community? _____ Member Yes No

What ministries do you currently participate in at Community? _____

volunteer position

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

volunteer ability

I am able to serve on

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

I am able to work the following hours

am hours pm hours weekdays weekends

volunteer experience

Have you ever volunteered before Yes No

Position and Responsibilities _____

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

Based on feedback you have received from others, what do you understand your spiritual gifts to be? (if you don't know, a spiritual gifts test is available)

Are there any physical limitations or conditions that might prevent you from performing certain types of work? Yes No If yes, please explain.

team member commitment

I have read "Leading and Serving in Community."

I authorize Community Church to conduct a Criminal and Sex Offender search if the position requires.

Signature _____ Date _____

It is the policy of Community Church that anyone who works with children, youth or seniors will have a current background check.