****

MINISTRY VOLUNTEER

Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Information | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | |  | |  |
| Last | | | | | | | | | | | | First | | M.I. |
| Address: | |  | | | | | | | | | | | |  |
| Street Address | | | | | | | | | | | | | | Apartment/Unit # |
|  | |  | | | | | | | | | | |  |  |
| City | | | | | | | | | | | | |  | ZIP Code |
| Home Phone: | | | ( ) | | | Alternate Phone: | | | ( ) | | | |  | |
| E-mail Address: | | | |  | | | | |  | | | | | |
| Previous Volunteer Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SDA Church Member: Yes No Previous Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PERSONAL REFERENCES**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| Emergency Contact Information | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Full Name: |  | | | |  | | |  | |  | Last | | | | First | | | M.I. | | Address: |  | | | | | | |  | |  | Street Address | | | | | | | Apartment/Unit # | |  |  | | | | | |  |  | |  | City | | | | | | State | ZIP Code | | Primary Phone: | | | ( ) | Alternate Phone: | | ( ) | | | | Relationship: | |  | | | | | | | | | | | | | | | | | | | | | |
| Volunteer Administrator Section | | | | | | | | | | | | | | |
| Volunteer Position: | | | | |  | Department: |  | | | | | | | |
| Ministry Leader: | | | |  | | | | | | Email: |  | | | |
| Phone #: | ( ) | | | | | Date Approved: | |  | | | |  | | |