



VOLUNTEER REVOLUTION APPLICATION

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | | |
|---|--|--|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Saturday mornings | <input type="checkbox"/> Sunday mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Saturday afternoons | <input type="checkbox"/> Sunday afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Saturday evenings | <input type="checkbox"/> Sunday evenings |

Interests

Tell us in which areas you are interested in volunteering

- | | | |
|--|--|---|
| <input type="checkbox"/> ADMINISTRATION | <input type="checkbox"/> VIDEO DEPARTMENT | <input type="checkbox"/> COMMUNION |
| <input type="checkbox"/> SPECIAL EVENT SETUP | <input type="checkbox"/> STUDENT MINISTRY | <input type="checkbox"/> WOMEN MINISTRY |
| <input type="checkbox"/> SPECIAL EVENT BREAKDOWN | <input type="checkbox"/> SOUND MINISTRY | <input type="checkbox"/> WORSHIP/BAND |
| <input type="checkbox"/> GREETERS/USHER | <input type="checkbox"/> WELCOME DESK | <input type="checkbox"/> MEN/WOMEN -MINISTRY |
| <input type="checkbox"/> STUDENT MINISTRY | <input type="checkbox"/> FACILITY MAINTENANCE | <input type="checkbox"/> INTERPRETERS |
| <input type="checkbox"/> SECURITY | <input type="checkbox"/> SANCTUARY MAINTENANCE | <input type="checkbox"/> SPECIAL PROJECT TEAM |
| <input type="checkbox"/> NEWSLETTER | <input type="checkbox"/> BOOKSTORE | <input type="checkbox"/> PAINTERS |
| <input type="checkbox"/> ANY AREA | <input type="checkbox"/> COFFEE SHOP | <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> CHEF/COOK | <input type="checkbox"/> EVANGELISM TEAM | <input type="checkbox"/> CLERICAL |
| <input type="checkbox"/> INTERCESSORY PRAYER | <input type="checkbox"/> HOSPITALITY | <input type="checkbox"/> SOCIAL SERVICE |
| <input type="checkbox"/> SCREEN TEAM | <input type="checkbox"/> AFTER SERVICE CLEANUP | <input type="checkbox"/> |
| <input type="checkbox"/> EMPOWERMENT HOUSE | <input type="checkbox"/> Electrical Mechanical | <input type="checkbox"/> |
| <input type="checkbox"/> SOCIAL MEDIA | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> |
| <input type="checkbox"/> GRAPHICS | <input type="checkbox"/> MARKETING | <input type="checkbox"/> |
| <input type="checkbox"/> PHOTOGRAPHY | <input type="checkbox"/> PROOFREADERS | <input type="checkbox"/> |
| <input type="checkbox"/> PRODUCT TEAM | <input type="checkbox"/> OFFSITE EVENTSETUP | <input type="checkbox"/> |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. *** WORKING WITH CHILDREN OR INFANTS / FINANCES WILL REQUIRE THE COMPLETION OF A BACKGROUND SCREENING***.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.