



Volunteer Application Form

FULL NAME: _____ DATE: _____

ADDRESS: _____ ZIP: _____

TELEPHONE: _____ SS#: _____ SEX: M__F__ AGE: _____

EMAIL ADDRESS: _____

Local Church Affiliation , if any: _____ Pastor's Name: _____

Do you any health issues or physical conditions that would limit your activity?:

VOLUNTEER SKILLS/TALENTS: _____

AVAILABILITY: ___ Weekly ___ Monthly ___ Seasonal

___ Mornings ___ Afternoons ___ Evenings ___ Other

INTEREST: ___ Office Work ___ Event Planning ___ Activity Planning

___ Children ___ Adults ___ Sorting ___ Organization ___ Tutoring ___ Carpentry

___ Maintenance ___ Grounds Keeper ___ Food delivery ___ Worship

___ Intercession/prayer Other: _____

REFERENCES (2) that we may contact:

NAME: _____ Phone#: _____

NAME: _____ Phone#: _____

A current fingerprint clearance card is required for all volunteers working with children on a regular basis. If you do not have one you will need to be fingerprinted at your own expense (approximately \$65).

I understand that in volunteering my services to GAP Ministries, I am holding them harmless from injury that might result from my own negligence. I also have insurance that would cover me should such an injury occur.

Signature

Date

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