

HR^t MINISTRIES

Volunteer Application

● **PERSONAL INFORMATION** (please print)

Shirt Size _____

Full Name: _____ Date: _____

Gender: [] Male [] Female / Date of Birth: _____ Social Security #: _____

Street: _____ City: _____ St: _____ Zip: _____

Home Phone :(_____) _____ - _____ Cell Phone: (_____) _____ - _____

County You Live In _____ E-mail address: _____

● **IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name: _____ Phone: _____

● **CHURCH INFORMATION:**

Present Church Membership: _____

Church Address: _____

Pastor's name: _____ Denominational Affiliation: _____

How long have you been a member of this church? _____

Please list your involvement and responsibilities at your Church: _____

● **MINISTRY INFORMATION:** (Please mark all areas of ministry in which you are interested in serving)

<input type="checkbox"/> Hospitality	<input type="checkbox"/> Secretarial Work	<input type="checkbox"/> Music	<input type="checkbox"/> Weekly Programs	<input type="checkbox"/> Job Corp	<input type="checkbox"/> Greenville Church
<input type="checkbox"/> Cooking	<input type="checkbox"/> Running Errands	<input type="checkbox"/> Multimedia	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Truck Ministry	
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Mechanical Work	<input type="checkbox"/> IT / Data	<input type="checkbox"/> Bible Study	<input type="checkbox"/> Transportation	
<input type="checkbox"/> Serving Lunch	<input type="checkbox"/> Construction	<input type="checkbox"/> Library Work	<input type="checkbox"/> Speaking	<input type="checkbox"/> Prison Ministry	
<input type="checkbox"/> Special Events	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Joseph's Bin	<input type="checkbox"/> Disaster Relief	<input type="checkbox"/> Celebrate Recovery	

● **PRISON MINISTRY:** (In space provided list what facility you want to serve or are serving...)

Malachi Dads _____

Rubies For L.I.F.E. _____

Please list your skills and gifts: _____

REFERENCES: Give the names and contact information of three references below. No relatives please. One reference should be your current pastor. The other two references must be from someone who knows you outside of church. The last one should be your reference that is affiliated with HR Ministries.

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (____) _____ - _____ E-mail address: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (____) _____ - _____ E-mail address: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (____) _____ - _____ E-mail address: _____

HR REFERENCE

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (____) _____ - _____ E-mail address: _____

If necessary, are you willing for HR Ministries to run a background check on you? YES NO

Applicant's signature

date

Completed Form and FAX it to 270-365-6043 or e-mail it to hrministriesorg@gmail.com. or

Mail it to HR Ministries, PO Box 311, Princeton, KY 42445 / Revised 4/2015