## **Volunteer 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 volunteering?		
<ul> <li>Weekday mornings</li> <li>Weekend mornings (Circle: Saturday / Sunday)</li> <li>Weekday afternoons</li> <li>Weekend afternoons (Circle: Saturday / Sunday)</li> <li>Weekday evenings</li> <li>Weekend evenings (Circle: Saturday / Sunday )</li> </ul>		
Interests		
Tell us in which areas you are interested in volunteering:		
Van Driver		Fundraising
Van Driver Assistant		Special Events
Community Garden Ministry		Administrative
Sunday Lunch Meal Prep		Donations Drive
Children's Ministry Assistant		
ReStart Job Finder Ally		
Hope House Worship Ministry		
Band of Brothers Activity Coordinator		
Gathering Life [	Development Center Board Memb	per

## Spiritual Gifts, Special Skills, or Experience

Summarize your spiritual gifts, special skills and/or experience you have identified from ministry, employment, previous volunteer work, or through other activities, including hobbies or sports.