



# Institutional Ministries

*Sharing hope with those who need it most!*

## Volunteer Form

**Please print**

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's name \_\_\_\_\_

Address \_\_\_\_\_ Home phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Mobile # \_\_\_\_\_

Date of birth \_\_\_\_\_

E-mail \_\_\_\_\_

Your occupation \_\_\_\_\_

Education \_\_\_\_\_

Home Church \_\_\_\_\_

Home Church phone # \_\_\_\_\_

Pastor's Name \_\_\_\_\_

May we contact him for a reference and information? \_\_\_\_\_

**I HAVE HAD EXPERIENCE IN THE AREA(S) CHECKED:**

- Teaching experience (in Christian schools, Sunday schools, etc.)
- Helping at hospitals, nursing homes, care centers, and/or convalescent homes
- Teaching/working with people with developmental disabilities
- Playing a musical instrument. If so, which one(s) \_\_\_\_\_
- Special Talents \_\_\_\_\_

**I AM INTERESTED IN BEING A VOLUNTEER IN THE AREA(S) CHECKED:**

- Ministry to residents of nursing, care center, and/or convalescent homes
- Ministry to inmates in jails/prisons
- Ministry to children and teens in treatment centers/juvenile detention
- Ministry to residents in mental health facilities
- Mentoring
- Ex-offender support group
- Recovering addict support group
- Undecided