



**JOY OF FAITH Christian Center
HELPS APPLICATION**

VOLUNTEER

Name (first) (middle) (last)			<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (m/d/yr)
Address			Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
City			State	Zip
Your Email (Please print.)			Occupation	
Spouse (first) (middle) (last)			Date of Birth (m/d/yr)	
Spouse's Email (Please print.)			Occupation	
Home Phone		Your Cell	Spouse's Cell	

CHILDREN LIVING IN RESIDENCE (Use back if necessary.)

Name(s)	Gender	Date of Birth	Age
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

GET CONNECTED AT JOY OF FAITH

Use numbers 1-3 to indicate your first through third preferences for volunteer service. ("M" for male. "F" for female.)

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> M <input type="checkbox"/> F Usher | <input type="checkbox"/> M <input type="checkbox"/> F Children's | <input type="checkbox"/> M <input type="checkbox"/> F Audio/Visual | <input type="checkbox"/> M <input type="checkbox"/> F Altar Call | <input type="checkbox"/> M <input type="checkbox"/> F Prayer |
| <input type="checkbox"/> <input type="checkbox"/> Greeter | <input type="checkbox"/> <input type="checkbox"/> Praise Team / Choir | <input type="checkbox"/> <input type="checkbox"/> Service Setup | <input type="checkbox"/> <input type="checkbox"/> Faith Food Shop Bookstore | |
| <input type="checkbox"/> <input type="checkbox"/> Welcome / Hospitality | <input type="checkbox"/> <input type="checkbox"/> Musician | <input type="checkbox"/> <input type="checkbox"/> Resource Center | <input type="checkbox"/> <input type="checkbox"/> Office: Circle days available M T W Th | |

CHRISTIAN DATA

Yourself	Spouse
Have you been born again? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:	Have you been born again? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:
List your past area(s) of experience in church work:	List your past area(s) of experience in church work:
Of what church were you most recently a member? (Please indicate city and state.)	Of what church were you most recently a member? (Please indicate city and state.)
Pastor	Pastor
Are you currently involved in any ministry other than JOY OF FAITH Christian Center? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on back.	Are you currently involved in any ministry other than JOY OF FAITH Christian Center? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on back.

Signature _____ Date _____

