

VOLUNTEER APPLICATION

Salem Evangelical Church

Department / Classroom you desire to serve in:

Name:

Parent's name if a minor:

Address:

Daytime phone:

Evening/cell phone:

Email:

Date of birth:

Current age:

Employer:

Occupation:

Current job responsibilities & schedule:

Previous work experience:

Previous volunteer experience:

Special interests, hobbies & skills:

Times you would be available/willing to serve: Sunday 9:15 AM Sunday 11:00 AM Sunday PM
 Wednesday PM Other

Can you make a one-year commitment to this volunteer role?

How long have you been a Christian?

How long have you attended SEC?

Why would you like to volunteer?

Applicant's signature:

Date:

Parent's signature if applicant is a minor:	Date:
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FOR OFFICE USE ONLY

Date received:	Approved by: Youth Pastor Approval if applies:
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Background check completed:	Date:	Comments:
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Form updated: 7/18/2017

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**Volunteer Applicant References
Salem Evangelical Church**

Please list 3 personal reference (people who are not related to you by blood or marriage) and provide complete address and phone information for each. References are confidential.

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Name:

Address:

Daytime phone:	Evening phone:
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Relationship to reference:

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Name:

Address:

Daytime phone:	Evening phone:
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Relationship to reference:

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Name:

Address:

Daytime phone:	Evening phone:
Relationship to reference:	