

GRACE ADVENTURES Volunteer Staff Application

Name _____ Male Female

Address _____ City/State/Zip _____

eMail Address _____ Are you over 18 years old? _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Driver's License _____ Have you volunteered at Grace before? _____ When? _____

Home Church/City _____ Pastor _____

Where would you like to serve? (kitchen, grounds, maintenance, office, other) _____

Please check the following that apply:

- I am available to volunteer as needed. Please call when you have a need.
- I would like to volunteer on these dates: _____

Our mission is to "Impact People With Jesus Christ": Do you agree with our mission statement? _____
If no, please explain: _____

Describe your relationship with Jesus Christ: _____

Please list the names of three people we can contact for references:

Name _____ Phone () _____

Name _____ Phone () _____

Name _____ Phone () _____

Do you have any allergies, reactions to chemicals, skin problems or other health problems including current infectious diseases? _____ If yes, explain: _____

Emergency Contact Person: _____ Phone () _____

Insurance Co. _____ Policy No. _____

Family Dr. _____ Office Phone () _____

Have you ever been convicted of a crime other than a minor traffic violation? _____
If yes, please explain: _____

Signature _____ Date _____

Note: Applications are kept on file for one year

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