

New Life Christian Fellowship Volunteer Worker Information Sheet

Please print clearly...

Date: _____ Soc. Sec.# _____

First name: _____ Last Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell _____ Work _____

Email _____ @ _____

Areas of ministry desired? (*circle*) Usher Choir *Creed Music
Media Traffic First Contact *Kidzone/Nursery
Television Greeters Visitation Upward
Other: _____

Please list any training or skills you have in the area you are applying for. If music, please list instrument(s) played or vocal range (soprano, alto, tenor, bass) _____

How long have you attended New Life? _____

Have you accepted Jesus Christ as your personal Savior? _____

Which services do you regularly attend? ___Tuesday Sunday ___AM ___PM ___Thursday

Are you currently involved in a volunteer ministry? _____ If so, please list _____

If you are applying to work with children or youth, are you willing to submit to a background check? _____
**If applying for children/youth positions, please complete reference section on back.*

Do you currently support New Life financially? _____

Are you willing to continue to grow through scheduled training? _____

Do you currently use or consume alcohol, tobacco, or non-prescription drugs? _____
If so, which ones? _____

Why do you want to volunteer with New Life? _____

**This section needs to be completed by children/youth worker volunteers only.*

Please list 3 references:

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____

Address: _____

Phone: _____

Thank you for your willingness to serve God and others.

Signature: _____ Date: _____

Senior Pastor's Approval _____ Date: _____