

# MINISTRY VOLUNTEER Information



## Personal Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City ZIP Code

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

SDA Church Member:  Yes  No Previous Church: \_\_\_\_\_

## PERSONAL REFERENCES

Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

## Emergency Contact Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

## Volunteer Administrator Section

Volunteer Position: \_\_\_\_\_ Department: \_\_\_\_\_

Ministry Leader: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Date Approved: \_\_\_\_\_