Lord Jesus Christ Community Baptist Church
Volunteer-to-Work Program

Personal Information

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Availability

Days Available _____

Hours Available per Work _____ Start Date _____ End Date _____

Skills and Interest

List any relevant skills or experience _____

Areas of Interest _____

Why are you interested in volunteering with us?

Education

Highest Level of Education Completed _____

School Name (if applicable) _____ Major/Course of Study _____

Emergency Contact

Full Name _____

Relationship _____ Phone Number _____

References

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Background Check Authorization

Do you consent to a background check?   Yes   No

Additional Information

How did you hear about our volunteer program?

Submission Instructions

Please submit this application to pabwm1@gmail.com.

Signature _____ **Date** _____