



Love In the Name of Christ

1106 Fulton Street
Grand Haven MI 49417
616.846.2701
Fax 616.846.8009

Volunteer Application Form

Date: _____

Please Print Legibly

First Name	Middle Name	Last Name	
Address	City	State	Zip
Birthdate: _____	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Phone: _____	Cell Phone: _____	Text ok? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email: _____	Church you attend: _____		
Emergency Contact Name: _____	Relationship: _____		
Emergency Contact Phone: _____	Cell: _____	Text ok? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Faith

In summary, what do you believe regarding: _____ *(continue on a separate page if needed)*

God _____

Jesus _____

The Bible _____

Salvation _____

Experience

Please list relevant past jobs or work experience: _____

With what other organizations, clubs, etc. do you participate? _____

What level of education have you completed? _____

Interests – Please check the activities you enjoy:

- Sorting / organizing donations
- Working in a retail store
- Construction/Maintenance
- Meeting one on one with people
- Work with others
- Work alone
- Pickup / Delivery
- Driving a box truck
- Working on bicycles
- Manual labor
- Office work
- Computer work
- Data Entry
- Varied activities
- Special Events
- Mentoring
- Listening
- Cleaning
- Gardening

How did you hear about Love In the Name of Christ? _____

Talents – Please check the four that most describe you:

- Administration
- Artistry
- Discernment
- Evangelism
- Knowledge
- Leadership
- Hospitality
- Fundraising
- Exhortation
- Skilled Craft
- Cooking/Baking
- Computer Maintenance
- Mercy
- Faith
- Giving
- Service
- Teaching
- Wisdom
- Writing

Availability

How many hours are you willing to volunteer per week? _____ Please check times you are available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you travel during the winter? Yes No Are you able to lift 20 pounds? Yes No

Do you have health limitations? Yes No - If yes, please explain: _____

References - Please provide two references:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Authenticity

I verify to the best of my knowledge, that the above information is accurate.

I acknowledge that I am inquiring about volunteering for a non-profit, Christian organization and agree to the beliefs held by Love in the Name of Christ (Love INC).

Applicant Signature _____ Date _____

Interviewer Signature _____ Date _____