VOLUNTEER APPLICATION

GENERAL INFORMATION

Please include at least one phone number where we can reach you during business hours and an email address that you check frequently. Your information is confidential.

First Name		Last Name	
DOB	E-mail Address		
Street Address			
City		State	_ Zip
Home Phone		Cell Phone	
	INFORMATION		
Emergency Contac	t Person		
Emergency Phone	Number		
VOLUNTEER I	NFORMATION		
	inistry experience do you ł		
Why do you wan	t to help with FBC KIDS?		
	hurch member? YES NO	WANT TO BECOME	A MEMBER
Are you comfortab	le telling a child about how Je	sus has changed your l	ife? YES 🗌 NO 🗌
T-Shirt Size: S	□M □L □XL □2X □3X		
Would you be willi	ng to submit to a background	check? YES 🗌 NO	
*On the back of thi	s form, <u>please tell how God is</u>	working in your life.	

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date.

Signature _____

Date: _____

