MINISTRY VOLUNTEER Information





Personal Information					
Full Name:	First	M.I.			
Address: Street Address		Apartment/Unit #			
City		ZIP Code			
,	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:	First	M.I.			
Address: Street Address		Apartment/Unit #			
City	Stat	e ZIP Code			
	Alternate Phone: ()				
Relationship:					
	Volunteer Administrator Section				
Volunteer Position:	D				
Ministry Leader:	Email:				
Phone #: _ ()	Date Approved:				

MINISTRY VOLUNTEER Interview Notes Form





Interview Details				
Volunteer's Name:		Date:	Time:	
Interviewer's Name:				
Personal Reference I		Reference's Phone Number:	()	
Volunteer Position Ap				
Required Skills:				
	C	Questions to Ask Reference		
Question:				
Notes:				
Question:				
Notes:				
Question:				
Notes:				
		Additional Notes		
		Additional Notes		