

Volunteer Application

Foursquare Church –Office

Membership Status:

Attender since: _____

Member since: _____

Attending: 1st 2nd 3rd

_____	_____	_____	_____
Last Name	First Name	Middle Name	Birthdate (mm/dd/yy)
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Home Phone	Cell Phone # and Cell Carrier	E-mail address	
_____	_____	_____	
Marital Status: S M D W	_____		
	(Best time of day to be contacted)		

EDUCATION HISTORY	(circle highest level completed)			
	Grades 1-5	Grades 6-9	Grades 10-12	Associate's Degree: _____
	Bachelor's Degree: _____		Master's Degree: _____	

EMPLOYMENT HISTORY	_____
	(former/current occupation)

	(most recent employer-Name/Address/Phone)

VOLUNTEER HISTORY	List any information you'd like to share regarding previous volunteer experience.

Availability (circle all that apply in each category)

Number of days per week: 1 2 3 4 5

Shift: Morning (9:00am-12:30pm) Afternoon (12:30pm-4:00pm)

Days of the week: Monday Tuesday Wednesday Thursday Friday

Office Skills:

<input type="checkbox"/> Reception	<input type="checkbox"/> Sorting/Filing
<input type="checkbox"/> Outbound Calling	<input type="checkbox"/> Database Experience
<input type="checkbox"/> Typing	<input type="checkbox"/> Event Planning
<input type="checkbox"/> Mailings	<input type="checkbox"/> Organization
<input type="checkbox"/> Second Language: _____	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____	

Computer Skills:

<input type="checkbox"/> Word	<input type="checkbox"/> Internet
<input type="checkbox"/> Excel	<input type="checkbox"/> Website Experience
<input type="checkbox"/> Publisher	<input type="checkbox"/> IT Management
<input type="checkbox"/> PowerPoint	<input type="checkbox"/> IT Design
<input type="checkbox"/> Outlook/E-mail	
<input type="checkbox"/> Other(s): _____	

Have you ever done a spiritual gifts assessment? Yes No

If yes, what are your spiritual gifts? _____

If no, what do you think your spiritual gifts might be?: _____

Emergency Contact

_____	_____	_____	_____
Last Name	First Name	Middle Name	Relationship to you
_____	_____	_____	_____
Home Phone	Cell Phone #	E-mail address	

Medical Information

Any physical limitations: _____

Allergies: _____

Medical conditions to be aware of: _____

Have you accepted Jesus as your Lord and Savior? When? _____

Briefly explain what having a relationship with Jesus means to you. _____

In what other areas of ministry are you currently serving? _____

VOLUNTEER REQUIREMENTS

- Live a daily surrendered life.
- Model a wholehearted commitment to Foursquare Church values and strategies.
 - Attend service weekly
- Maintain an infectious, optimistic attitude.
 - Honor and value everyone.
 - Approach work wholeheartedly.
 - Communicate well
 - Committed and dependable
 - Able to keep confidentiality
 - Good work and personal ethics
- Business casual attire & good personal hygiene

I certify that all the information I have provided is true and complete. I understand that a background check is required, as well as a Code of Conduct/Confidentiality Statement, and I will supply the necessary information to comply. If I should receive a volunteer office position, I also understand that I will have the opportunity to come in contact with many people while serving in the office, and I will treat everyone with respect and grace. I will not be judgmental or critical, but loving and accepting of everyone, as Jesus is to me.

Signature Date