

ECC MINISTRY OF HELPS

Volunteer Application

Which Ministry(ies) are you interested in volunteering for (Children's, Project Joseph, etc.):

1. _____
2. _____
3. _____

PERSONAL INFORMATION

_____/_____/_____
Last Name First Name Middle/Maiden Date of Birth

Street Address City State Zip

(_____) _____ (_____) _____
Home Phone Cell Phone Email Address

Employer Position (_____) Work Phone

Age _____ Grade (if student) _____ Sex: ___Male___Female Marital Status: ___Married___Single

If 17 and under, is your parent in favor of this application? ___Yes ___No (Parent's signature is required)

If married, is your spouse in favor of this application? ___Yes ___No Name of Spouse _____

Do you have any children? ___Yes ___No

Name and ages of children _____

How long have you been born again? _____ How long have you been Spirit filled? _____

Do you speak in other tongues? _____

Briefly describe your salvation experience _____

Do you speak Spanish? ___Yes ___No Please list any other languages you speak _____



EMBASSY CHRISTIAN CENTER

VOLUNTEER APPLICATION (continued)

CHURCH ATTENDANCE AND PARTICIPATION

Do you consider Embassy Christian Center your home church? ____ Yes ____ No

How long have you regularly attended ECC? _____ Years _____ Months

If married, does your spouse attend ECC? ____ Yes ____ No How long? _____ Years _____ Months

Please list any other churches you are currently attending _____

List any other ministries you are currently involved in outside of Embassy Christian Center _____

List any other church volunteer work you have done in the past:

_____	(____) _____
Name of Church	Phone number
_____	_____
Position Held	Name of Contact
_____	(____) _____
Name of Church	Phone number
_____	_____
Position Held	Name of Contact

PERSONAL REFERENCES

List three personal references that you have known for at least 3 years and are not relatives or former employers.

1.	_____	(____) _____
2.	_____	(____) _____
2.	_____	(____) _____



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