Deliverance Ministry & Healing Center

VOLUNTEER APPLICATION

Please print

First Name.....Last Name.....

Address .....City/State/Zip.....

Telephone .....Social Security # .....

Date of Birth .....Spouse's Name.....

Personal Information (please circle correct response):

Gender: Male Female

Physical Limitations: No Yes (Please Explain) .....

Education (highest level completed)

Grades 1-5 6-9 11-12 College Business Graduate School Technical/Vocational

Former work/occupation .....**Most recent employer (optional)** .....

List previous volunteer experience..... .....

Skills (List your skills and indicate proficiency level) Skilled Can Teach Amateur

1. ....

2 ....

3 ....

Languages Fluent Read Write

1 ....

2 ....

Volunteer availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday Saturday No Preference

Transportation: (How you will get to your assignment)

Public Trans. Walk Bus/Van Taxi/Car Svc Personal Car

In an emergency, notify:

First Name.....Last Name.....

Address ....

City/State/Zip.....Telephone .....

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

....

(Signature/Volunteer) (Date)

....

(Signature/Staff) (Date)