

**Shiloh Baptist Church**  
 " A Church Determined To Know Christ"  
**VOLUNTEER APPLICATION**

Ministry Area Applying For \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Business \_\_\_\_\_ May we call you at work? Yes / No

Current Job Responsibilities and Hours \_\_\_\_\_

Previous Work Experience \_\_\_\_\_

Special Skills, Training and Hobbies \_\_\_\_\_

Member of a Church? Yes / No Name of Church \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

How will your volunteer work affect your family and work responsibilities? \_\_\_\_\_

Can you make a commitment to this Ministry Area for at least one year? Yes / No

If No, please explain \_\_\_\_\_

When are you able to volunteer?  Days  Evenings  Weekends

How many hours per week are you willing to volunteer? \_\_\_\_\_

**Times Available (Place an "X" in any slots when you could be available.)**

Time	7:00 am	8:00	9:00	10:00	11:00	12:00 pm	1:00	2:00	3:00	4:00	5:00
<b>MON.</b>											
<b>TUE.</b>											
<b>WED.</b>											
<b>THUR.</b>											
<b>FRI.</b>											
<b>SAT.</b>											
<b>SUN.</b>											

Do you have: Your own transportation? Yes / No Valid driver's license? Yes / No  
 Liability insurance? Yes / No

Why do you want to volunteer in this Area of Ministry? \_\_\_\_\_

Have you had any experience with adults/youth/children with problems? Yes / No

Please explain \_\_\_\_\_

Have you ever been exposed to an incident of child abuse or neglect? Yes / No

What are your feelings concerning this area? \_\_\_\_\_

Please list 3 professional and/or personal (not including relatives) references. References remain confidential.

Name/Relationship	Address	City	Zip	Phone Number
1.				
2.				
3.				

Signature \_\_\_\_\_ Date \_\_\_\_\_