

CJ Lifting Hands Ministry VOLUNTEER APPLICATION

Thank you for your interest in CJ Lifting Hands Ministry Volunteer Program. Most of our volunteers work directly with the community or for the Pastor. There are occasionally opportunities to assist with mailings and other similar tasks.

After filling out this application, please return it by mail or via email.

The Volunteer Coordinator will contact you once your application has been processed.

Today's Date: _____ How did you hear about our program? _____

Contact Information

Name (please print): _____

Phone (list at least one): Home: _____ Cell/Work: _____

Address: Street _____ Apt. # _____

City _____ State _____ Zip _____

All About You

Please list your age if you are under 21 years old: _____

Special skills: (hobbies, languages, etc.) _____

Past volunteer experience: _____

Past experience working in Ministry: _____

Emergency Contact

Name: _____

Relationship: _____ Phone: _____

Are you volunteering to complete Community Service Hours? ☐ Yes ☐ No

If yes, how many hours do you need, in total? _____

By what date are the hours required to be completed? _____

For what purpose are you required to perform community service?

*Court mandated community service positions are not available.

☐ School ☐ Service Club/Organization ☐ Other: _____

Please check the volunteer opportunities you may be interested in :

Opportunities Areas

☐ Religious ☐ Rasies Funds ☐ Handouts/Promoting

☐ Sick & Shut in Visits ☐ Office Work ☐ Social Media/Events

Independent

☐ Leading Groups (Men's, Women, Couples)

What kind of group would you like to lead: _____

Please check off your times of availability on the chart.

How frequently are you planning to volunteer?

☐ Just this once

☐ Daily

☐ Several times a week

☐ Once a week

☐ Several times a month

☐ Once a month

	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please Sign Here: _____