



LIFE TRANSFORMING MINISTRIES

VOLUNTEER APPLICATION

CONTACT INFORMATION

Name _____ Date of Application _____

Street Address _____

Email Address _____

Home Phone (_____) _____ Cell Phone (_____) _____ Texting welcome? YES NO

AREA OF INTEREST

Please check which area(s) you are interested in volunteering:

- New Mornings Women's *Fresh Start Course* (Tuesdays 1-2:30pm) New Mornings Women's Bible Study (Thursdays 7-8pm)
 New Mornings Mentor Wings Tutoring Coordinator Other _____

Why do you want to volunteer in this area? _____

How do you hear about us? _____

BACKGROUND INFORMATION

How long have you been a Christian? _____ *Briefly share your salvation experience / testimony below:*

Church Currently Attending _____ Pastor _____

Church Address _____

Number of Years Attended? _____ How often do you attend? _____ Member? YES NO

Please list any current* ministry and/or community involvement in or outside of the church:

* If not currently serving, list any past involvement and approximate dates:

Are you currently employed? YES NO. If YES, where? _____

Have you ever been incarcerated? YES NO. If YES, what was your release date? _____

Have you ever overcome an addiction? YES NO. If YES, how long have you experienced victory over it? _____

Please describe type: _____

PERSONAL REFERENCES

Please list three personal references for non-family members we may contact. At least one of your references should be one of your pastors or someone who has mentored you.

1. Name _____ Relationship _____

Email Address _____ Phone Number (____) _____

Address (only if no email) _____

2. Name _____ Relationship _____

Email Address _____ Phone Number (____) _____

Address (only if no email) _____

3. Name _____ Relationship _____

Email Address _____ Phone Number (____) _____

Address (only if no email) _____

BACKGROUND CHECK AUTHORIZATION

I give permission for Life Transforming Ministries to perform a Criminal Background Check before I become a volunteer.* I know this information will be kept confidential.

SIGNATURE

DATE

Print Full Name _____

Social Security Number _____ Date of Birth _____

*If you already had one done within the past year and can provide us with a copy, that would be greatly appreciated.