Volunteer Interview

Name:	Spouse:	
Home Phone:		_
Cell Phone:	Email:	
Address:		
Date of Birth: Ger	nder: □ Male □ Female	
Marital Status: ☐ Married ☐ Single	☐ Divorced ☐ Widow	
Church Member Since:	Is Spouse a Membe	r? □ Yes □ No
Children at Home		
Child's Name	Date of Birth	Member?
	_	
Other Children Not at Home, or	Family Ties to this Churc	ch
Child's Name	Date of Birth	Member?
	_	
Volunteer Interview		
1. Have you served in any of the following	ng capacities? (Please Check	Вох)
□ Church Board or Other Congre	egational Leadership	
□ Christian Education	□ Usher Ministry	
☐ Youth Ministry ☐ Other:	☐ Committee Work	

[Church Name] • [Church Address] • [Church Contact Phone Number] • [Church Website URL]

a. Where and when did you serve in these capacities?					
2. Leadership tra	ining received	d at church or wo	ork (please ex	plain):	
3. Other training	received (sucl	h as child abuse	training and	other training):	
4. Are there time: If yes, what days □ Sunday □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday	and times? Time(s): Time(s): Time(s): Time(s): Time(s): Time(s):	,		□ Yes □ No	
5. Worship service Notes:	•	·			
110163					
6. Permission for Additional Comm		o be entered into	the church d	latabase (please sign):	
Printed Name:					
Signature:					
Interviewer:				Date:	