



VOLUNTEER APPLICATION

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Church Affiliation: _____ Length of Attendance: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Emergency Contact: _____ Emergency Contact Phone: () _____

Area of Interest (Please check)

- _____ THE LORD'S PANTRY:
- _____ LAKESHORE BAPTIST PANTRY
- _____ COUNSELOR
- _____ CLASS INSTRUCTOR
- _____ HEALING HANDS CLINIC:
- _____ MEDICAL PRACTITIONER LICENSE # _____
- _____ DENTIST LICENSE # _____
- _____ NURSE LICENSE # _____
- _____ OFFICE

Acknowledgement

Community Health Outreach exists to glorify God by meeting the needs of people in Body, Mind and Spirit. Each area of ministry at Community Health Outreach strives to lead people to an understanding of the love of our Savior Jesus Christ. Jesus Christ is The Way, The Truth, and The Life and He alone is to be glorified. Clients who come to us for help are prayed for and are offered to be prayed with. Messages that contradict Christianity may not be promoted.

By signing below you acknowledge that you have read and understand the above.

 SIGNATURE

 DATE