



## Volunteer Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Today's Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Where do you prefer to be contacted? \_\_\_\_\_

Employer/School \_\_\_\_\_ Occupation \_\_\_\_\_

How did you learn about this volunteer opportunity? \_\_\_\_\_

Why are you interested in volunteering for TouchPoints Ministry? \_\_\_\_\_

Do you have experience in the following areas? (Check all that apply.)

**Business Management:**

- Finance
- Fundraising
- Public Relations/Media
- Interior
- Design/Organization

**Office Assistance:**

- MS Applications
  - Word
  - Excel Spreadsheets
  - Access Database
  - PowerPoint
  - Publisher
- Internet Research
- Desktop Publishing
- Graphic Design
- Phones/Reception
- Data Entry
- Filing/Organization
- Public Relations/Media
- Mailings

**Business Management:**

- Finance
- Fundraising
- Public Relations/Media
- Interior
- Design/Organization

**Other:** (Please specify)

\_\_\_\_\_  
\_\_\_\_\_



Please list your volunteer experience: \_\_\_\_\_

Please indicate other skills (i.e. languages) or experiences that may be of service to CRISTA Women's Ministries:

Please list professional licenses or certifications: \_\_\_\_\_

Availability (check all that apply):

Mornings  Afternoons  Evenings  Saturday events

Beginning date of availability \_\_\_\_\_

Days of the week you are available \_\_\_\_\_

Home Church \_\_\_\_\_

Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you on any medication that we should be aware of?  Yes  No

If yes, please specify \_\_\_\_\_

Describe your personal relationship with Jesus Christ \_\_\_\_\_

### REFERENCES ~ Work and Personal

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_



## ***Statement of Faith***

- 1 We believe in the Scriptures of the Old and New Testaments as verbally inspired by God, and inerrant in the original writings, and that they are of supreme and final authority in faith and life.
- 2 We believe in one God, eternally existing in three persons: Father, Son and Holy Spirit.
- 3 We believe that Jesus Christ was begotten by the Holy Spirit and born of the Virgin Mary, and is true God and true man.
- 4 We believe that man was created in the image of God: that He sinned and thereby incurred, not only physical death, but also that spiritual death which is separation from God; and that all human beings are born with a sinful nature.
- 5 We believe that the Lord Jesus Christ died for our sins as a substitutionary sacrifice; and all that truly repent of their sins and believe in Him are justified on the ground of His shed blood.
- 6 We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
- 7 We believe in the resurrection of the crucified body of our Lord and His ascension into heaven and in His present life there for us as High Priest and Advocate.
- 8 We believe in that blessed hope, the personal, bodily return Our Lord and Savior, Jesus Christ.

I have read and agree with the above Statement of Faith

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Signature

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Date