

Church of God

Southeast Regional Fellowship Conference 2014

Volunteer Application

Contact Information

Name	Age
Street Address	
City ST ZIP Code	
Home Phone	
Church Name	
E-Mail Address	

Availability

During which days are you available for volunteer assignments?

Thursday-___ Day Activities ___ Nightly Services

Friday-___ Day Activities ___ Nightly Services

Saturday-___ Day Activities ___ Nightly Services --- ___ The Entire Conference

Interests

Tell us in which areas you are interested in volunteering

- ___ Administration
- ___ Kitchen Staff
- ___ Children's Church (5 – 10)
- ___ Fundraising
- ___ Recreation
- ___ Alter worker
- ___ Dorm Canceler (Chaperon)
- ___ Audio/visual, Media, And Sound Tech

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Volunteer Signature:

Pastor's Signature:

Thank you for completing this application form and for your interest in volunteering with us.