

## APPLICATION FOR VOLUNTEER POSITION

VAME		DATE		
STREET ADDRESS				
CITY	STATE	ZIP		
EMAIL				
DAYTIME PHONE	EVENING PHONE			
HOW LONG HAVE YOU ATTENDED JACKSONVILLE PREBYTERIAN CHURCH (JPC)?				
ARE YOU A MEMBER OF JPC? YES NO	IF YES, FOR HOW LONG?			
OCCUPATION (if employed)	EMPLOYER			
. , EDUCATION School	Highest year or			
Indicate current certifications with expiration dates and any registration numbers				
Nurse First Aid Teaching Other	EMT CPR Lifeguard			
Do you have a valid driver license? YES		State		
Please provide a brief explanation of why you want to become a part of the children's ministry.				
The spiritual gifts that I have been given include, but are not restricted to:				

Name	Mailing address		
Phone	-		
	City	State	Zip
Name	Mailing address		
Phone	 City	 State	 Zip
Name	Mailing address		ı
Phone	City	State	Zip
If yes, please give date, natur	d of a criminal offense in the last s	,	s ()No
	d will not necessarily bar an applicar se position for which you have appl		will be considered
Are you available and willing to	participate in periodic volunteer tr	aining? YES NO	
or omission of facts requeste	ences both primary and secondary. ed is cause for non-appointment as abyterian Church to seek validation eem appropriate.	s a volunteer. By sigr	ning below I grant
Signature		Date	

Personal references: List three persons not related to you (must have complete addresses) who have a definite knowledge of your qualifications for the position for which you are applying.

<u>Please return this completed form to the church office.</u>