



Central Baptist Church Special Needs Ministry Volunteer Application

Date: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City/State/Zip: _____

Email: _____

Age: _____ Birthday: _____

Area Interested In?

- Sunday mornings
- The MIX (adults)
- Flourish (ladies ministry)
- Being a buddy (on Sun. or Wed)
- Special Events
- Loaves of Love (cooking class)

Are you volunteering as a one-time only, on a rotating schedule, or on a regular basis?

- One-Time Only
- On a Regular Basis
- Rotating Schedule

What church are you currently attending?

Are you a regular attendant (more than once a month)? Yes No

Have you accepted Jesus Christ as your personal Lord and Savior?

- Yes
- No
- Unsure

Do you take an active part at the church you are attending? If so, what activities are you engaged in?

When did you become a Christian? Describe your experience and your current walk with the Lord. What is He doing in your life?

What are your spiritual gift? If you do not know your spiritual gifts, what do you love to do to serve the Lord?

How would you describe what it means to take part in the Lord's Supper, to be baptized, and to join a church?

Do you actively share your faith? Describe your last experience of sharing with a non-Christian.

List any experience you have in working with people with special needs/
ministry:

Do you play a musical instrument? Is so, what?

Do you speak a second language? Is so, which language?

Have you ever been convicted of a felony or participated in, been accused or
convicted of or pled guilty or no contest to any abuse or sexual misconduct?

Yes No

List two references and contact information (ie: phone number and email):

Please attach a recent photo to your application.

Complete a background check.