

VOLUNTEER DEPARTMENT
Add-On FORM
VOLUNTEER DEPARTMENT 214.333-6518



Please Print

Last Name: _____ First Name: _____ Middle Initial: _____

Ministry _____ Badge # _____

Volunteer Signature: _____ Date: _____

Phone Number: _____

ARE YOU CURRENTLY SERVING IN THIS DEPARTMENT? Yes / No

By signing this document, I am fully aware that I am not to serve in this area or any other ministry without being referred by the Volunteer Department. Once we research your file, and find that you do not have a current application on file. We will request that you fill out an application.

VOLUNTEER DEPARTMENT

RECEIVED DATE:

RECEIVED BY:

PROCESSING INFORMATION:

ACTION TAKEN:

Processor's Signature: _____

Date: ____/____/____