

Volunteer Application

Name:				Age:			
Street Ac	ddress:						
City, ST z	ip code	e:					
Home Ph	none:						
E-mail A	ddress:						
Person to	o notify	y in cas	se of emergency Name:				
Phone:			Relationship:_				
:	e you a to to_	_: _:	e to volunteer with CFR? Monday Tuesday Wednesday		<u>:</u>	to: to: No:	
Pray	areas a er Tean ge Driv	n e Phor	excited about helping? ne Attendee I Provider			Church Lia Concerts Communi	
Mobile Mission Ministry Team					Othor		

Special Skills or Qualifications

Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies, mission trips or sports. What skills or qualifications do you have as a volunteer?

Please list any clubs, lodges and organizations you have been or are currently involved in:						
CFR knows church is a vital part o	of community- tell us who	ere you attend church and y	your involvement.			
References: (If applicable)	Name	Phone #	Best time to call			
Professional Reference:						
Ministry Reference:						
CFR Vision: Communities tl	nriving in God's Pres	ence.				
CFR Mission: Showcasing G	od's glory through y	our story with life-cha	nging media.			
Confidentiality Agreement						
One of CFR's Core Values is singunauthorized communication of provided to an individual is a brea for those we are serving. Breaking mission. By signing below, you ag (To be signed during interview)	orayer requests, confider ch of our integrity. Even sh g this confidence puts at I	ntial stories or ministry, and naring details without provice risk our ability to serve our o	community donor partnership ling a name, can cause hardship			
Signature:		Date:				