



Contact Information:

Name: _____ Birth date: _____

Address: _____ City/ST/ZIP: _____

Phone: _____ Cell: _____

(for scheduling system) Cell carrier: AT&T, Sprint, US Cell, T-Mobile, Verizon, Other: _____

Email: _____ Spouses Name: _____

Children's Names and ages: _____

Employment: _____ Job Title: _____

Can you receive personal calls at work? ___ if Yes, Wk Ph#: _____

Position you are interested in:

- | | | |
|---|---|--|
| <input type="checkbox"/> Anthem Youth | <input type="checkbox"/> Information Center | <input type="checkbox"/> Prayer Ministry |
| <input type="checkbox"/> Children's (Sunday School) | <input type="checkbox"/> Life Group Leader | <input type="checkbox"/> Safety Team |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Meals Ministry | <input type="checkbox"/> Seasonal Decorating |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Men's | <input type="checkbox"/> Service Coordinator |
| <input type="checkbox"/> Communion Set-up | <input type="checkbox"/> Missions | <input type="checkbox"/> Sound Tech |
| <input type="checkbox"/> Computer Sunday Service | <input type="checkbox"/> No Kid Hungry | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Connections | <input type="checkbox"/> "Golden Age" | <input type="checkbox"/> Women's |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Worship team |

**We will always try to schedule you for your preferred service (does not apply to coffee bar)*

How many weekends a month are you available? _____

How long have you been a Christian? _____

Briefly explain how you got saved? _____

Why do you want to be involved in this ministry? _____

What other ministries are you currently involved in? _____

What are your strengths? _____

What are your weaknesses? _____

What are your hobbies and interests? _____

Have you read the job description* and do you understand the time commitment this position requires? _____

* Job descriptions are available online @ www.wyfc.church OR from the ministry leader.

Return this form to the ministry leader or the church office.

Why are you interested in volunteering for the “Golden Age” ministry?

Do you have any personal experiences with Alzheimer’s and Dementia patients?

Some residents are very demanding and sometimes ‘mean’, how would you handle it if a resident was to call you names or yell at you?

Are you able to commit to a specific length of time to be a volunteer? If so, how long? What days/times are you willing to volunteer?

ACKNOWLEDGEMENT OF CONFIDENTIALITY OF CLIENT INFORMATION

I agree to keep confidentiality for all services and conversations during the performance of my duties as a volunteer with West Valley Foursquare Church Golden Age Ministry, unless given specific permission to share.

Signature of Staff Member/Volunteer

_____ *Date* _____ *Name*