

First Lutheran of Richmond Beach

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Area wishing to Volunteer _____

Name _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Email _____

Emergency contact _____

Home phone () _____ Cell Phone _____

Insurance Company _____ Policy/Group#: _____

Education & Employment History

High School: _____ Year Graduated _____

College : _____ Major/degree: _____

Other: Degree _____

Type of work/job title: _____

Vehicle Information

Any traffic violations/accidents within the past 3 years? Yes No

Do you own a car? (*Please circle*) Yes No

Are you willing to drive for ministry functions? (*please circle*) Yes No

Short personal faith statement

Describe your personal relationship with Jesus Christ:

Volunteer/Ministry Experience

Why do you want to volunteer for this ministry?

What two greatest strengths do you bring to this ministry?:

What are your two greatest weaknesses you feel may hinder your ministry?

What training other than what you have already mentioned, have you had in Bible, theology or counseling?

Ministry Interests

How many hours per week can you spend in FLRB ministry?

2-4 4-6 6-8 8-10 10 or more

I AGREE TO uphold FLRBs mission statement to Live, Love, and Serve as Jesus did. Yes No

I have signed the FLRB Children youth and Family Covenant of conduct Yes No

If I am over 18 I have filled out a WA state back ground check Yes No

Volunteer Signature _____