



LIFE'S AMAZING SECRET TREASURES

### LAST Ministry Volunteer Application

Please complete this application to be a volunteer at LAST Ministry, Inc. This is not an employment application form.

**General Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Briefly describe your Christian experience (if any) regarding salvation, Biblical training, spiritual gifts, ways you have served God in the past, how He is currently using you in your local church, and any other information you feel would be beneficial to your volunteering at this ministry (use back if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of church you attend \_\_\_\_\_ Are you a member there? **Yes / No**

Name of your pastor/elder \_\_\_\_\_ Phone \_\_\_\_\_

Why do you wish to volunteer at LAST Ministry (use back if needed)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Volunteer Opportunities**

**Areas of Interest (circle):**

TUMI	Bible Study	Admin Team	Other _____
Boutique	Elderly Outreach	Fundraising	Other _____
Marketing Team	Homeless Outreach	Special Projects	Other _____

**Types of Service:**

Administration	Prayer Warrior	Speaker	Facilitator	Support
Encouragement	Mentor	Serving	Transportation	Other _____

**Availability (circle):**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Weekly	Monthly	Bi-Weekly	Other: _____			
Morning	Afternoon	Evening	Other: _____			

**Personal Disclosure Information**

Have you ever been treated for a psychiatric disorder? **Yes / No**

Have you ever been arrested, convicted, or pleaded guilty to a crime? **Yes / No** If yes, explain (use back if needed) \_\_\_\_\_

Within the past 30 days, have you abused alcohol, legal or illegal drugs? **Yes / No**

**References**

List 3 adults you have known for at least 2 years, who are not related to you, and who have specific knowledge of your character:

Name \_\_\_\_\_ Nature of association \_\_\_\_\_

Length of time known \_\_\_\_\_ Phone \_\_\_\_\_



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Name \_\_\_\_\_ Nature of association \_\_\_\_\_

Length of time known \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Nature of association \_\_\_\_\_

Length of time known \_\_\_\_\_ Phone \_\_\_\_\_

**Applicant's Statement:**

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or organizations listed in this application to give you any information (including opinions) that they have regarding my character. I authorize the release of the information contained in this application to any individuals who make decisions about placing applicants in available positions. In consideration of the receipt and evaluation of this application by LAST Ministry, I hereby release LAST Ministry and any individual, church, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

All volunteers are required to attend new volunteer training and periodic in-service volunteer meetings. Please be aware of this commitment.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_