



VOLUNTEER APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (H) _____ (C) _____

EMAIL _____

EMERGENCY CONTACT _____

CURRENT INVOLVEMENT WITH SPECIFIC ORGANIZATIONS _____

FORMER/CURRENT EMPLOYER & WORK EXPERIENCE _____

HIGHEST EDUCATION COMPLETED _____

REFERENCES with name and contact information (Please list at least 3 references)



How will your faith and relationship with Jesus Christ positively impact Cross Over Ministries?

Describe 3 of your personal strengths:

Briefly describe why you are interested in becoming a volunteer for COM:

What gifts, talents, interests, and skills would you like to develop during your time with COM?

What are some of your future goals? How can Cross Over Ministries help you achieve them?

What else would you like us to know about you? _____

PLEASE NOTE: Cross Over Ministries' Board reserves the right to request information from all employers and other persons listed on the application form. An oral interview with the Cross Over Ministries' Board will be requested within two (2) weeks of receipt of the completed application. This information will be used strictly to determine if you will be considered for volunteering with Cross Over Ministries. This information is not available to other persons without the written consent of the applicant. By signing this application, you agree to allow Cross Over Ministries to request information from previous employers and persons listed on this application form.

Name _____ Date _____

Signature _____