CHURCH VOLUNTEER FORM

Thank you for your interest in serving at St. Mark Missionary Baptist Church. Please fill out this form to let us know more about you and how you would like to serve.

Personal Information:

- **Full Name**: _____
- **Phone Number**: _____
- **Email Address**: _____

Emergency Contact Information:

- **Emergency Contact Name**: _____
- **Relationship**: _____
- **Phone Number**: _____

Volunteer Interests:

Please check the areas where you would like to volunteer (you can check more than one):

- ☐ Children's Ministry
- ☐ Youth Ministry
- ☐ Worship Team (Music, Tech, etc.)
- ☐ Hospitality (Welcome, Greeters, Ushers)
- ☐ Missions/Outreach
- ☐ Small Groups/Bible Study Leaders
- ☐ Administrative Support
- ☐ Facilities/Maintenance
- ☐ Special Events

- ☐ Other: _____

Availability:

What days are you available to volunteer? (Check all that apply)

- ☐ Sunday
- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday

What time(s) are you available to volunteer? (Check all that apply)

- ☐ Morning
- ☐ Afternoon
- ☐ Evening

Background Information:

- Have you ever volunteered at [Church Name] before? ☐ Yes ☐ No
- If yes, in what capacity? _____
- Have you completed any background checks or training relevant to working with children or vulnerable adults? ☐ Yes ☐ No
- Are you willing to undergo a background check if required? ☐ Yes ☐ No

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Signature: _____
Date: _____
