

Volunteer Application

Name: _____ Email: _____
Address: _____ City _____ Zip _____
Home Phone: _____ Work # _____ Cell # _____
Birthday: _____ Driver's License # _____
Name for Nametag _____
Emergency Contact Person _____ PH# _____

I have been arrested for or convicted of a crime. Yes ___ No ___
I give permission to the Space Coast Seafarers Ministry to do a criminal background and reference check.
I also give my permission to check my driving record if I am driving for the ministry.

The SCSM ask that staff and volunteers affirm the following doctrinal statements:
(please initial)

___ I have trusted Jesus Christ as my personal Savior and Lord.

___ I believe the Bible is the Word of God and it is my authority for faith and practice.

___ I will serve lovingly and cooperatively with the staff, volunteers and guests of the
Space Coast Seafarers Ministry.

___ I am an active member of a local Bible believing church.

Church Name: _____

___ We ask for church recommendation. Please provide a pastor or church leader we
may contact:

Name: _____

Position: _____

Phone: _____

Please list your spiritual gifts _____

Please list your strengths _____

Please list your past work experience _____

Please list languages that you speak fluently _____

AVAILABILITY

_____ Sunday	_____ AM	_____ PM
_____ Monday	_____ AM	_____ PM
_____ Tuesday	_____ AM	_____ PM
_____ Wednesday	_____ AM	_____ PM
_____ Thursday	_____ AM	_____ PM
_____ Friday	_____ AM	_____ PM

_____ I am available to serve on call.

Days _____ AM _____ PM _____

Please write a spiritual testimony:

References:

Signature _____ **Starting Date** _____

For Office Use Only: Interviewed by: _____ Date: _____
--