



Volunteer Information

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Full Address: _____

Phone: _____ Email: _____

Birth date: _____ Gender: _____

Do we have permission to complete a security background check? Yes No

Are you a professing, Bible believing follower of Jesus Christ? Yes No

CHURCH & EXPERIENCE INFORMATION

What church do you attend? _____

Have you served in any other ministries at church? If so please list.

Do you have any experience with special needs ministry or disability work in any capacity? If so, describe.

Why do you want to serve in Lighthouse Disability Ministries? _____

Please list any special training you have; CPR, First Aid, etc...

I affirm that all of the information on this application is truthful and accurate to the best of my knowledge:

Applicant Signature

Date