

SOUTHERN CALIFORNIA CONFERENCE MINISTRY VOLUNTEER Information



Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City ZIP Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Previous Volunteer Experience: _____

SDA Church Member: Yes No Previous Church: _____

PERSONAL REFERENCES

Name: _____ Contact Telephone: _____

Name: _____ Contact Telephone: _____

Name: _____ Contact Telephone: _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Volunteer Administrator Section

Volunteer Position: _____ Department: _____

Ministry Leader: _____ Email: _____

Phone #: () _____ Date Approved: _____