

The River Church

Volunteer Interest Form

Name: _____ Date Form Completed: _____

Ministry of Interest: _____

Phone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

Birth Date: _____

Spouse Name (if applicable): _____

Child(ren) Name(s) (if applicable) *age, optional*:

Interests/ Hobbies & Special Skill Sets: _____

Place of Employment and/or Self-employed Business: _____

City of Employment: _____ Work Phone: _____ Work E-mail: _____

Community Involvement: _____

Ideas and goals to be an effective team member: _____

Other information you would like to share (personal goals, etc): _____

Other ministries you are interested in learning about and/or currently serving: _____

Training activities and outings of interest: _____
