



Volunteer Application

Name: _____ Name for Nametag: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Secondary Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Text? Yes _____ No _____

Preferred method of contact: _____

I would like to receive: ___ Schedule Reminders
 ___ Urgent Scheduling Needs
 ___ Electronic newsletters

Date of Birth: _____ Gender: _____

Marital Status: Married ___ Widowed/Widower ___ Single: ___

Spouse's Name _____

Emergency Contact Person: _____

Emergency Contact Phone Number: _____

I have been arrested for or convicted of a crime.
Yes ___ No ___
___ I give permission to 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.
Driver's License Number and State of Issue:

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

___ I have trusted Jesus Christ alone 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 Space Coast Seafarers Ministry.

___ I am a 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 indicate your spiritual gifts: ___ Administration/Leadership ___ Apostle ___ Discernment

___ Exhortation ___ Faith ___ Gift of Healing ___ Giving ___ Helps/Service ___ Hospitality

___ Mercy ___ Miracles ___ Prophecy ___ Teaching ___ Tongues/Interpretation

___ Word of Knowledge ___ Word of Wisdom

Please list your strengths: _____

Please list your past work experience _____

Please list languages that you speak fluently _____

Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My availability is: _____ Year Long _____ Seasonal -from _____ to _____.

I would like to serve up to _____ hours per __ day __ week __ month.

I am available to start on: _____.

Please write a spiritual testimony:

References:

Signature: _____ Date: _____

For Office Use Only:

Interviewed by: _____ Date: _____

Orientation by: _____ Date: _____

Assigned Trainer: _____ Date Trained: _____

Assigned Trainer: _____ Date Trained: _____

Revised 11/16