

**Ministries**

*City of Life*

A Place Where Life Meets Change

## Contact Information

|  |  |
| --- | --- |
| Full Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |
| Date of Birth |  |
| Occupation |  |

## Interests

### What is your primary area of interest?

What is your secondary area of interest?

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Your Story & Spiritual Goals

### Please tell us your story and spiritual goals you would like to achieve.

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## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Full Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name |  |
| Signature | By entering my name above I am acknowledging it as my signature. |
| Date |  |

### Thank you for completing this application form and for your interest in volunteering with us. Please email this back to us at [cityoflifeministries@yahoo.com](mailto:cityoflifeministries@yahoo.com) or send it to us at 201 South Broad Street, Suite 314, Lancaster, Ohio 43130.