



CENTRAL SPECIAL NEEDS

Volunteer Application

Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City/State/Zip: _____

Email: _____

Age/DOB _____ Church Membership _____

Area(s) You Want to Serve: _____

◇ How would you explain the Gospel?

◇ Describe your current walk with God. What is He doing in your life?

- ◇ **How would you describe what it means to take part in the Lord's Supper, to be baptized, and to join a church?**

- ◇ **What is your view of the consumption of alcohol by believers? by Christian leaders?**

- ◇ **Briefly describe your previous work with children/youth/adults and any experience with supporting individuals with disabilities.**

- ◇ **Briefly describe your other previous ministry experience.**

- ◇ **List areas in which you feel you are gifted.**

- ◇ **What are your weaknesses?**

- ◇ **Have you ever been convicted of a felony or participated in, been accused or, convicted of or pled guilty to or no contest to any**
 YES **abuse or** **NO** **sexual misconduct?**

**Turn into Kimberly Smith at the Special Needs Office OR
Email (ksmith@centralbcs.org) OR 1991 FM 158, CS TX 77845*

**Thank you for your
interest in volunteering in the Special Needs Ministry at
Central Baptist! We'll be contacting you in the near future.**