



# Central Baptist Church Special Needs Ministry Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Area Interested In?

- Sunday mornings
- The MIX (adults)
- Being a buddy (on Sun. or Wed)
- Special Events

Are you volunteering as a one-time only, on a rotating schedule, or on a regular basis?

- One-Time Only
- On a Regular Basis
- Rotating Schedule

What church are you currently attending?

\_\_\_\_\_

Are you a regular attendant (more than once a month)?  Yes  No

Have you accepted Jesus Christ as your personal Lord and Savior?

- Yes
- No
- Unsure

Do you take an active part at the church you are attending? If so, what activities are you engaged in?

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When did you become a Christian? Describe your experience and your current walk with the Lord. What is He doing in your life?

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What are your spiritual gift? If you do not know your spiritual gifts, what do you love to do to serve the Lord?

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

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Do you actively share your faith? Describe your last experience of sharing with a non-Christian.

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List any experience you have in working with people with special needs/  
ministry:

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Do you play a musical instrument? Is so, what?

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Do you speak a second language? Is so, which language?

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

Yes                  No

List two references and contact information (ie: phone number and email):

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Please attach a recent photo to your application.

Complete a background check.