



Volunteer Application

Name _____ Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____ Cell _____

What is your previous volunteer experience? _____

What is your work experience? _____

What are your strengths? _____

What are your weaknesses? _____

What areas of Deeper Still ministry do you feel you are best suited for:

Organization

Fundraising

Teaching

Worship

Prayer

Hospitality

Helps

Administration

Cooking

Beautifying

Special health or dietary considerations _____

Allergies _____

Emergency Contacts:

1. Name _____ Relationship _____

Phone Number _____

2. Name _____ Relationship _____

Phone Number _____

References: (Please contact your references and tell them that DSNI will be contacting them)

Pastor: Name _____ Phone _____

Professional/Ministry contact:

Name _____ Phone _____

Friend: Name _____ Phone _____

By my signature below, I am certifying that all of the information provided on this application is truthful and correct to the best of my knowledge, and that Deeper Still Northern Indiana has my permission to contact references provided.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____