

409.498.4007
www.wccvidor.org



545 S. Denver Street
Vidor, Texas 77662

VOLUNTEER APPLICATION 2024

Name: _____ Mr. Mrs. Miss Dr. Rev. **Gender:** Male / Female

Address: _____
Street City State Zip Code

Primary Phone: _____ **Secondary Phone:** _____

Email Address: _____ **Birthday (Month/Day):** _____

What is your preferred method of communication? Email/ text/ phone **Do you have regular internet access?** Yes / No

Occupation: _____ **Employer:** _____

What is your marital status? _____ **Spouse's name and occupation:** _____

If applicable, how many children do you have and what are their ages? _____

Emergency Contact: _____ **Phone :** _____

Briefly share your personal Christian testimony:

Local church fellowship/ affiliation: _____

Pastor/Spiritual Leader (Deacon, small group leader, etc.) _____

Daytime Phone: _____ **Email address:** _____

Please describe any previous volunteer experience:

Share some of your talents, interests and abilities:

Share three of your strengths and how you could see them used in your volunteer service:

Describe three of your weaknesses:

I have provided truthful answers to this application and have read and agree to abide by the attached Statement of Faith.

_____ Signature

_____ Date

Please provide two references whom you have known for two years or more and are not family members.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Email address: _____

Email address: _____