

The Passion Ministry Bay Area
Volunteer Application and Checklist

Bay Area
P.O. Box 70636
Sunnyvale, CA 94086

Name: Last, First, Middle _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____ E-mail: (optional) _____

Birthday: (year is optional) ____/____/____

What is your religion? _____

How did you hear about us? _____

Do you speak a foreign language(s)? Yes No If yes, please specify languages(s):

1. _____ 2. _____ 3. _____

Do you belong to or serve in any clubs, organizations and/or committee(s)? Yes No
If yes, please list them and your responsibilities:

1. _____

2. _____

3. _____

Do you have any health problems? Yes No If yes, please explain: _____

Please indicate why you want to volunteer:

List any past experience in volunteer work:

1. _____

2. _____

3. _____

Are you presently employed? Yes No If yes, indicate type of work

How often would you like to volunteer?

Along with visiting, we would like to know if there are other areas in which you would be interested in participating and/or providing services. Please check all that apply.

Patient Services

- Assisting with events.
- Praying with residents.
- Reading to residents (books, news, stories).
- Writing letter(s) with residents.
- Assisting with arts and craft projects.
- Providing instrumental entertainment such as singing, playing an instrument, dancing, etc.
- Pet visits.
- Assisting with Bingo.

Prayer Intercession

- Praying for those leaving prayer requests on the website.
- Praying for the ministry.

If there is a another service you would like to provide, please specify. _____

Are you over the age of 18? Yes No If no, we will need your parent or guardian's signature in order for you to participate in our program.

Parent/Guardian Signature

Date

Please list two references: May we contact them? Yes No

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

In case of emergency, please notify:

Name: _____ Relationship: _____ Phone #: _____

Address: _____

City: _____ State: _____ ZIP code: _____

ALL APPLICANTS MUST HAVE A CURRENT T.B. TEST. PLEASE SPECIFY THE DATE OF LAST T.B. TEST IF KNOWN: Date: _____

Signature

Date