



**GRACE CHAPEL**  
CARE & SUPPORT

MINISTRY OFFICES  
3 Militia Drive  
Lexington, MA 02421

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[www.grace.org](http://www.grace.org)

## FOOD BANK VOLUNTEER APPLICATION

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[Today's Date]

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[Mr./Mrs./Ms./Miss]	[First Name]	[Middle Initial]	[Last Name]
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[Street]	[City]	[State]	[Zip Code]
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[Cell Phone]	[Email Address]
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1. Why are you interested in serving with this Ministry?
2. Please list some spiritual gifts that would be effective in this Ministry.
3. Do you have experience serving in this Ministry?
4. Briefly describe your relationship with Jesus Christ.

**Please provide a Grace Chapel reference:**

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

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please provide a reference outside of our congregation:**

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

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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