

MISSISSIPPI CHRISTIAN FAMILY SERVICES, INC.

117 DELTA STREET / P.O. BOX 487, ROLLING FORK, MS 39159

Leigh Anne Tilghman
Executive Director

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VOLUNTEER APPLICATION FORM

Please fill out the following completely. This information is needed for our files so that we can use your skills and abilities in carrying out the program here at MCFS.

NAME: _____ BIRTHDAY: _____

ADDRESS: _____

TELEPHONE: _____ MARITAL STATUS: _____

CHURCH AFFILIATION: _____

SKILLS: _____

EXPERIENCE WITH ABOVE SKILLS: _____

REFERENCES:

Name	Address	Phone #
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_____	_____	_____
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HEALTH: _____

DATES/TIMES AVAILABLE TO VOLUNTEER: _____

I understand that this assignment requires dedicated, exemplary performance and acceptance of the disciplines of a Christian community, and at times, performance of tasks outside of my specific skills, including tedious and commonplace duties.

Signature

Date

