



We are grateful you are considering partnering with us in our ministry and filling out this application is the first step! Please return this completed application to a ministry lead or the church front office (open M-F 9am-3pm) to get the process started!

We are committed to providing a safe environment for all who attend Table Rock Fellowship so please note all applicants will be screened, a background check performed, and will have an online child safety training course to complete. But don't worry! We will walk you through it every step of the way!

Please indicate below the areas you are wanting to volunteer in:

- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Audio/Video | <input type="checkbox"/> Café | <input type="checkbox"/> Front Office | <input type="checkbox"/> Greeters |
| <input type="checkbox"/> Info Center | <input type="checkbox"/> Kids | <input type="checkbox"/> Mens | <input type="checkbox"/> Pantry |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Prayer Team | <input type="checkbox"/> Womens | <input type="checkbox"/> Youth |

Looking forward to working with you in our mission to "Knowing Jesus and making Him Known"!

Thank you!



TABLE ROCK
FELLOWSHIP

Volunteer's Information

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell: _____

Email address: _____

Are you 18 years of age or older? Yes _____ No _____

In what position/ministry would you like to serve? _____

Who gave you this form or connected you to the volunteer process? _____

What would you like us to know about you? What interests you about serving in this ministry?

What experiences or skill sets would you like to use in ministry?

How long have you attended Table Rock Fellowship? _____

How long have you been a disciple of Jesus Christ? _____

What faith communities you have attended or been involved with in the last five years?

Name _____ City, State _____

Attendance Dates _____

Name _____ City, State _____

Attendance Dates _____

ONLY if you will be volunteering with kids/youth, please list two references from places of employment, prior volunteer service, or from within the faith community below. (References must be over age 18; must not be a relative; must have seen you work and be able to speak to your ability to serve; and must have known you for at least one year.)

Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Length of time you have known this person _____ (yrs)

Email address _____

How do you know this person? _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. This is a legally binding release which I have read and understand. A facsimile or photocopy of this authorization shall be as valid as the original.

Rev. 8/8/23 (Please note: This is not an employment application. Volunteers are not considered employees nor financially compensated.)