



Safe Sanctuary Volunteer Information Sheet

Name _____

Last

First

Middle

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Email Address _____

Employer and Job Position _____

Names and ages of children in the family _____

I would like to volunteer with one or more of the following areas (please circle):

Seedlings/Sprouts

Lil G's

GForce

ReNew Youth

Past Volunteer/Ministry Experience: _____

Why would you like to volunteer as a worker with children at The Gathering Church? _____

References (list 3 adults not related to you who have specific knowledge of your character and ability to work with children. Please provide information to contact them):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I certify that all information provided on this sheet is true and complete. I understand that any false information or omission may disqualify me from further consideration, or that discovery of such information at a later date may result in my removal.

Print Name: _____

Signature: _____ Date: _____