

## **BREAD OF LIFE OUTREACH VOLUNTEER APPLICATION**

Name				
	Last	First	Middle	
Phone Number		Email		
Date of Birth		Occupation_		
Emergency Contac	t Name & Phone Numbe	er		
Name of Church yo	ou attend			
Have you made a	personal commitment to	follow Jesus Christ?	?	
List the languages	you speak			
List any physical lir	mitations			
Previous work and	or Volunteer Experienc	es		
Statement & descri	iption of prior criminal c	onviction or offense	s	
List all trainings, ed	ducations, etc. that have	prepared you to vo	olunteer at BOLO	
Are you CPR and/	or First Aid Certified?	Yes date expirati	on:	Nd
Why do you want	to volunteer?			
Hours and Days yo	ou are available to volu	nteer		
Provide the names	of 2 Non-Family refere	nces:		
Name	Relationship	Phone #	Email	

I certify that all information provided on this application is true and complete. I understand that any false information or omission may disqualify me from further consideration of volunteering at Bread of Life Outreach. I also understand that Bread of Life Outreach is the mission outreach arm of Newport Assembly of God and therefore submit to the processes and procedures brought forth from Newport Assembly of God.

I agree to meet with a pastor and submit my clearances (if I am 18 years or older) within 2 months of the date of this application. If there is a delay in completing the clearance process, I understand that I will be unable to serve as a volunteer after the 2-month period expires until the clearance process is completed.

I understand that I will receive	guidelines,	orientation	and	training	that	will	help	with n	ıy
volunteer experience.									

X	
Signature	Date

Please submit your completed application to the office at Newport Assembly of God, 253 N. 6<sup>th</sup> Street, Newport, or at the Pantry.

Thank you for your interest in serving at Bread of Life Outreach!