



205 W. Wall St., Algood, TN 38506  
(Phone) 931-537-9830 (Fax) 931-537-3086

**For Office Use Only** (updated 09/22/2008)

CWA filled out \_\_\_\_\_  
Application Processing \_\_\_\_\_  
Application Approved \_\_\_\_\_

**Adult Volunteer Application**

**Personal Data:**

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Church/Religious Background:**

Are you a member of Trinity? \_\_\_\_\_ How long have you attended Trinity? \_\_\_\_\_

If you are not a member of Trinity, what church were you a member of? \_\_\_\_\_

Church Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long were you there? \_\_\_\_\_ Are you in agreement with the beliefs of Trinity? \_\_\_\_\_

Date born again: \_\_\_\_\_ Date baptized in the Holy Spirit according to Acts 2:4? \_\_\_\_\_

**Ministry Opportunities:**

Please check the ministry position for which you are applying or rank your top 3 choices with numbers 1-3:

- |                           |                          |                         |                             |
|---------------------------|--------------------------|-------------------------|-----------------------------|
| _____ Altar Workers       | _____ Greeters           | _____ MPact Girls Club* | _____ Chi Alpha             |
| _____ Audio/Production    | _____ Host & Hostess     | _____ Nursing Home      | _____ Single Adult Ministry |
| _____ Bookstore           | _____ Information Center | _____ Outreach Center   | _____ Trams                 |
| _____ Choir               | _____ Jr. Kids Church*   | _____ Parking Lot       | _____ Usher*                |
| _____ Communion           | _____ Kidz Church*       | _____ Planet 56*        | _____ Van Ministry*         |
| _____ Evangelism          | _____ Little Champions*  | _____ Praise & Worship  | _____ Video Display         |
| _____ Fuel Student Youth* | _____ Media – Camera     | _____ Royal Rangers*    | _____ Women’s Ministry      |
| _____ GriefShare          | _____ Men’s Ministry     | _____ Special Needs*    | _____ Other                 |

List any and all previous church involvement, training, and/or educational background that would be beneficial for this position: (Use reverse side if additional space is needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Compliance and Pastoral Approval:**

The information contained in this application is correct to the best of my knowledge. Should my application be accepted, I agree to be bound by the Constitution and Bylaws and Policies of Trinity Assembly, and to refrain from unscriptural conduct in the performance of my services on behalf of the Church.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastoral Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**\* A complete Children’s Worker Application must accompany this form when volunteering in these areas.**