

## TEAM TRINITY ADULT VOLUNTEER APPLICATION for Helps Ministries, Media, and Music

### PERSONAL INFORMATION

Mr.  Mrs.  Ms.  Miss.

Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed Anniversary: \_\_\_\_\_

### RELIGIOUS BACKGROUND

Have you been born again, according to John 3:3?  Yes  No Date: \_\_\_\_\_

Have you been baptized in the Holy Spirit, according to Acts 2:4?  Yes  No Date: \_\_\_\_\_

How long have you attended TRINITYalgood? \_\_\_\_\_

List any/all previous church involvement, training, and/or educational background that would be beneficial for this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MINISTRY OPPORTUNITIES

Which of the following ministries are you applying?

*If you are unsure of a specific choice, please rank your top three choices (e.g. 1, 2, 3, etc.).*

All Points Cafe (*Coffee Team*)

connexTions Small Group

Media – Camera

Audio

Leader

Media – Projection

Band

Event Decor

Office Volunteers

Bookstore

First Impressions (*Greeters*)

Outreach Center

Choir

Guest Services

Parking Lot Attendant

Communion Team

Kitchen Team

Other

### APPLICANT COMPLIANCE

*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 of TRINITYalgood, and to refrain from unscriptural conduct in the performance of my services on behalf of TRINITYalgood.*

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

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

**BELONG. DISCOVER. ENGAGE.**