



New Life Assembly of God

Volunteer Application

Name _____
Last First Middle

Address _____

Home Phone _____ Cell Phone _____

Email _____

Date of Birth _____ Occupation _____

Would you like New Life staff to run your clearances on your behalf? Yes No

If "Yes" please provide your DLN & SSN below (otherwise optional):

Driver's License No. _____ Social Security No. _____

Work Address _____

Employer Name _____ Work Phone Number _____

How long have you been attending NLA? _____

What reasons influenced your decision to make NLA your home church? _____

Are you a member of NLA? Yes No In Progress

Are you a Christian? Yes No Date you received Christ _____

Have you read our 16 Doctrines of Assemblies of God? Yes No

Do you believe & agree with our 16 Doctrines of Assemblies of God? Yes No

If you checked "no" please explain: _____

- Indicate your preference(s)
- | | | |
|--|--|---|
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Kids Church | <input type="checkbox"/> Youth Church |
| <input type="checkbox"/> Kids Club | <input type="checkbox"/> Girls Club | <input type="checkbox"/> Bible Quiz |
| <input type="checkbox"/> Kids Creative Worship | <input type="checkbox"/> VBS | <input type="checkbox"/> Event Chaperone |
| <input type="checkbox"/> Young at Heart (30+) | <input type="checkbox"/> Men's Ministry | <input type="checkbox"/> Women's Ministry |
| <input type="checkbox"/> AV/Media | <input type="checkbox"/> Greeter Team | <input type="checkbox"/> Usher Team |
| <input type="checkbox"/> Church Beautification | <input type="checkbox"/> Café | <input type="checkbox"/> Library |
| <input type="checkbox"/> Events (Setup/Down) | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Safety Committee | <input type="checkbox"/> Other (Please explain): _____ | <input type="checkbox"/> Outreach |

