

Adult Volunteer Application

Trinity Assembly of God

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

FOR OFFICE USE ONLY

CWA completed _____
Application Processing _____
Application Approved _____

Date of Application: _____

Personal Data

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip: _____
Primary Phone: _____ Work Phone: _____ Email: _____

Church/Religious Background

Have you completed Trinity's Membership Class? _____ How long have attended Trinity? _____
If you are not a Trinity member, are you a member at another church? _____ Church Name: _____
Church Address: _____ City: _____ State: _____ Zip: _____
How long were you there? _____ Are you in agreement with the beliefs of Trinity Assembly? _____
Date you were born again: _____ Date you were baptized in the Holy Spirit according to Acts 2:4: _____

Ministry Opportunities

Please check the ministry position(s) for which you are applying and rank your top three choices with numbers 1 - 3:

- | | | |
|---|--|--|
| <input type="checkbox"/> Altar Workers _____ | <input type="checkbox"/> Information Center _____ | <input type="checkbox"/> Planet 56* _____ |
| <input type="checkbox"/> Audio/Production _____ | <input type="checkbox"/> Jr. Kids Church* _____ | <input type="checkbox"/> Royal Rangers* _____ |
| <input type="checkbox"/> Band _____ | <input type="checkbox"/> KidzChurch* _____ | <input type="checkbox"/> Special Needs* _____ |
| <input type="checkbox"/> Bookstore _____ | <input type="checkbox"/> Little Champions (Nursery)* _____ | <input type="checkbox"/> One Accord (Single Adults) _____ |
| <input type="checkbox"/> Chi Alpha (College) _____ | <input type="checkbox"/> Media - Camera _____ | <input type="checkbox"/> TLC Women's Ministry _____ |
| <input type="checkbox"/> Choir _____ | <input type="checkbox"/> Media - Production _____ | <input type="checkbox"/> Traffic Team (Parking Lots) _____ |
| <input type="checkbox"/> Coffee Team _____ | <input type="checkbox"/> Men's Ministry _____ | <input type="checkbox"/> Trinity Trams _____ |
| <input type="checkbox"/> Communion _____ | <input type="checkbox"/> Ministry Movers (Van Ministry)* _____ | <input type="checkbox"/> Ushers* _____ |
| <input type="checkbox"/> FUEL Student Ministries (Youth)* _____ | <input type="checkbox"/> M'pact Girls Club* _____ | <input type="checkbox"/> Video Display _____ |
| <input type="checkbox"/> Greeters _____ | <input type="checkbox"/> Nursing Home _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Host & Hostess _____ | <input type="checkbox"/> Outreach Center _____ | |

* When volunteering in this area, a **CHILDREN'S WORKER APPLICATION** must be completed & submitted for approval.

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

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 and Policies of Trinity Assembly, and to refrain from unscriptural conduct in the performance of my services on behalf of the Church.

Pastoral Approval

Pastoral Approval: _____ Date: _____