

Volunteer Information form Please Print

First Name:		_ MI:	Last Name:	
DOB/	/			
Month Day	Year			
Current Address:				
City:	St	ate		Zip
Years/Months at current add	dress:		Years/month	s in
Texas:				
Home Phone: ()		Cell Pl	none: ()	
Work Phone: ()				
Email		\rightarrow		
Highest level of education completed:				
Additional				
Training:				
Employment History: (most	recent to oldest)			
1. Dates:	_ Employer:			_ Position:
Skills & Experience:				
2. Dates:	_Employer:			Position:
Skills & Experience:				
3. Dates:	_ Employer:			Position:
Skills & Experience:				

References:

Please list two(2) personal & one(1) spiritual reference, other than family. This should be someone you have known for at least one year and who will take the time to write a short email of recommendation on your behalf if requested. Letters need to be mailed to: NLRM P.O. Box 9157, Corpus Christi, TX 78469.

lame:	Address:	
one: ()	Email:	
lame:	Address:	
one: ()	Email:	
ame or Spiritual Refe	rence:	_
one: ()	Email:	
others, recruiting church)Grant Writing (h Promotions (creations) Youth For Abolition Spiritual Mentors	ng a representative at your own local church for to volunteers, setting up speaking engagements or elp with application for private foundation grants) actively communicating our ministry to others through (awareness events for middle and high school hip (taking a girl under your wing and walking alcoholaministrative needs)	training sessions at your ugh print and media) I students)
• •	you like to volunteer?	
Monthly	Weekly	
Other: (please sp	ecify)Special Events	
What specific talen	ts/assets can you bring to New Life Refuge M	linistries?

*Volunteer activities will require a background check at the cost of \$20

Please mail volunteer forms and check or money order for background check to: NLRM, P.O. Box 9157, Corpus Christi, TX 78469