

LIFE CHURCH OF GOD IN CHRIST  
3349 Rubidoux Boulevard \* Riverside, CA 92509  
Office: (951) 684-5433 Fax: (951) 684-8117  
Ron M. Gibson, Pastor / Founder  
WWW.LIFECHURCHRIVERSIDE.ORG

*Office Use Only*

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

---

## VOLUNTEER WORKER APPLICATION

---

We are so glad that you are interested in volunteering at Life Church.  
**PLEASE PRINT** and return this application to Life Church's Administrative Office.

**CRITERIA:**

- 1) Must be a member and have completed the New Members' Class.**
- 2) Must support the ministry in Tithes and Offerings consistently.**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Telephone # \_\_\_\_\_ Evening Telephone # \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status:  Married  Single  Divorced  Separated

Are you a member of Life Church?  Yes  No If yes, date joined \_\_\_\_\_

Have you completed the New Member's Class?  Yes  No If yes, year completed \_\_\_\_\_

Do you support the ministry consistently with your Tithes and Offerings? Yes  No

Do you have any children under 21 years of age: Yes  No

If you have children under ages 21, what are their ages? \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Your Employer: \_\_\_\_\_

What are your special skills and/or hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list 2-3 things you would like to do at Life Church?

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

White Copy: Administrative Office Yellow Copy: Human Resources Pink Copy: Aux./Dept.