



VOLUNTEER APPLICATION – Bounce 2024

NAME: _____
Last First MI

ADDRESS: _____
Street City State Zip

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ E-MAIL: _____

DRIVER'S LICENSE #: _____ STATE OF LICENSE: _____

DATE OF BIRTH: _____ SCHOOL/WORK: _____

EMERGENCY CONTACT:

Name

Phone

Relation

ADULT T-SHIRT SIZE (\$10 fee): _____

INTERESTS:

1. Why are you interested in volunteering with Wellspring?
2. What personal skill or strength of yours do you think would benefit this ministry?
3. Do you have a particular area of interest for volunteering?
4. What are your current professional/student commitments?
5. How would you describe your personal faith?

