



# Christian Care Center Volunteer Application

PREGNANCY & FAMILY CARE CENTER|CHILDREN'S SHELTER|SAMARITAN INN (FAMILY SHELTER)|MEN'S RESIDENCE  
WOMEN'S CARE CENTER|BENEVOLENCE CENTER (FOOD & CLOTHES)|FRESH START JOB PROGRAM

Name: \_\_\_\_\_ Mr. Mrs. Miss Dr. Rev. Gender: Male / Female

Address: \_\_\_\_\_  
Street City State Zip

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthday (Month/Day/Year): \_\_\_\_\_

- Ministry area that you are applying for:
- |                                |                               |
|--------------------------------|-------------------------------|
| Pregnancy & Family Care Center | Samaritan Inn                 |
| Women's Care Center            | Men's Residence               |
| Children's Shelter             | Benevolence Center            |
| Fresh Start                    | Community Medical Care Center |

What is your preferred method of communication? Email/ text/ phone Do you have regular internet access? Yes / No

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

What is your marital status? \_\_\_\_\_ Spouse's name and occupation: \_\_\_\_\_

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

Briefly share your personal Christian testimony:

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Local church fellowship/ affiliation: \_\_\_\_\_

Pastor/Spiritual Leader/Small Group Leader, etc. \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Please describe any previous volunteer experience:

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**Share some of your talents, interests and abilities:**

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**Share three of your strengths and how you could see them used in your volunteer service:**

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**Describe areas of weakness where you struggle:**

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I have provided truthful answers to this application.

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please provide two references whom you have known for two years or more and are not family members.**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Please drop this off at any Christian Care Center Ministry, our Administrative Office or mail it to the Christian Care Center, Attn: Admin Office, 115 N. 13th Street, Leesburg, FL 34748**