



NEW JERUSALEM
MISSIONS

Volunteer Application

Date: _____

Name: _____

Phone Number: (_____) _____

Can we send you a text message? _____

Type of work you are interested in: _____

How many hours would like you to volunteer? _____ per _____
week/month

Are there specific days you prefer to work? _____

Which days? _____

Emergency Contact

Name: _____ Relationship: _____

Phone number: (_____) _____