

Office use only: WCM: _____

LSC list: _____

Status: _____

LIFESPRING CENTER VOLUNTEER APPLICATION

Date: _____

Name: _____

Address: _____

Telephone: _____ Best time to reach: _____

Email address: _____

Birth date (month/date): _____ Church affiliation: _____

Present (or former) occupation: _____

College or special training: _____

Hobbies and interests: _____

Spouse's Name: _____ Home phone: _____ Work phone: _____

Three references not related to you. Please give name and email (preferable) or phone number. If you are interested in leading a Bible study, please list one of your references as a church leader, elder, deacon, etc. Thank you.

• _____ email: _____

• _____ email: _____

• _____ email: _____

What about Lifespring Ministry interests you? _____

Describe your Christian background/experience if any _____

(continued...)

Describe any experience you have had which you think might help you with volunteer work at Lifespring Center:

How did you become aware of Lifespring Center and its volunteer programs?



Please mail this form to:

Lifespring Center
Attn: Lynda Dorsch
517 College Avenue, Suite 102
Aurora, IL 60505
630/952-1104

Or email to:
ldorsch@waysidecross.org