



Alaska Conference of Seventh-day Adventist  
**MINISTRY VOLUNTEER**  
 Information

PERSONAL INFORMATION			
<b>NAME</b>	LAST	FIRST	M.I.
	PHYSICAL ADDRESS		UNIT NO
<b>ADDRESS</b>	CITY		STATE
			ZIP CODE
<b>PHONE</b>	HOME ( )	MOBILE ( )	OTHER ( )
	E-MAIL		
<b>VOLUNTEER EXPERIENCE</b>	VOLUNTEER POSITION(S) INTERESTED IN:		
	TELL US ABOUT YOUR PRIOR VOLUNTEER EXPERIENCE:		
<b>CHURCH</b>	SDA Church Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Church:		

REFERENCES	
<b>REF #1</b>	NAME PHONE ( )
<b>REF #2</b>	NAME PHONE ( )
<b>REF #3</b>	NAME PHONE ( )

EMERGENCY CONTACT INFORMATION			
<b>NAME</b>	LAST	FIRST	M.I.
	PHYSICAL ADDRESS		UNIT NO
<b>ADDRESS</b>	CITY		STATE
			ZIP CODE
<b>PHONE</b>	HOME ( )	MOBILE ( )	OTHER ( )
	RELATIONSHIP		

Please give the completed form to your local church board, school board or ministry coordinator who will contact your references and complete the section below to confirm that you are serving as a ministry volunteer. The local board/ministry coordinator will forward the form to the Alaska Conference of Seventh-day Adventists, 6100 O'Malley Road, Anchorage, AK 99507. Questions? Call 907-346-1004

LOCAL ORGANIZATION ACTION	
Please Print Clearly	
Church:	
Volunteer Position:	Department:
Ministry Leader:	Email:
Phone Number: ( )	Date Approved: