

**(Section 6)**

Pastors Name: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone : \_\_\_\_\_

List three references:

Name	Telephone
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Section 7)**

Who do we contact in case of emergency, other than your spouse?

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

relationship

Telephone Number: \_\_\_\_\_

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

relationship

Telephone Number: \_\_\_\_\_

Do you have allergies or medical conditions that we need to be aware of?

I.e. bee stings, diabetes, etc.

Please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date References Checked: \_\_\_\_\_

Date Applicant Notified: \_\_\_\_\_

**LifeWay Ridgecrest Conference Center**

**VOLUNTEER QUESTIONNAIRE**

**P.O. Box 128, Ridgecrest, NC 28770**

**828-669-3589, FAX: 828-669-3775**

**New Volunteer**

If you are a first time Ridgecrest Volunteer, please supply a recent photo.

**Returning Volunteer**

If you are a returning Volunteer, you only need to complete your name information and the dates that you would like to come to Ridgecrest and housing needs.(Sections 1 & 3)

Signature is also required.

**(Section 1)**

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

His (DOB) \_\_\_\_\_ Her (DOB) \_\_\_\_\_

Anniversary Date if married: \_\_\_\_\_

Street/PO Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Are you with Campers on Mission? \_\_\_yes \_\_\_no

**(Section 2)**

How did you hear about Ridgecrest? \_\_\_\_\_

Why do you want to be a Ridgecrest Volunteer? Please elaborate.

\_\_\_\_\_

\_\_\_\_\_

List highlights of your work experience:

\_\_\_\_\_

\_\_\_\_\_