



The Church Federation  
OF GREATER INDIANAPOLIS

## Ecumenical Project for Reconciliation and Healing

### APPLICATION FOR VOLUNTEER SERVICES

Date \_\_\_\_\_

\_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_ Ms. \_\_\_ Rev. \_\_\_ Dr.

\_\_\_\_\_  
Last Name First Name Middle Initial

Check preferred mailing address \_\_\_ Home \_\_\_ Business

**Home** address \_\_\_\_\_  
(Include street number, street name, city, and **zip code**)

**Home** phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Business** address \_\_\_\_\_  
(Include street number, street name, city, **and zip code**)

**Business** phone \_\_\_\_\_ Voice mail \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

If licensed to practice a profession, please list the profession and the state in which licensed  
\_\_\_\_\_

Your education and training  
\_\_\_\_\_

Have you had experience with crisis situations? \_\_\_yes \_\_\_no

If "Yes," please describe:

\_\_\_\_\_  
\_\_\_\_\_

List previous experiences (volunteer, paid, or educational):

Activity	Organization	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Over)

*Continued*

List any skills, hobbies, or interests you have that might be helpful in your volunteer work:

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If you are Bi-lingual or read or write any language other than English, please list the language. Please include sign language for the deaf.

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List your reason(s) for volunteering:

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How will this volunteer experience enhance your short and long term career/life goals?

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What are *your expectations* for this volunteer experience?

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### **Church Affiliation**

Church Name \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church Address \_\_\_\_\_  
(Include street number, street name, city and **zip code**)

Church phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

#### **Reference:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please return the completed Application to:**

The Church Federation of Greater Indianapolis

Attn: Rev. Tracy Ross, EPRH

1100 West 42<sup>nd</sup> Street, Suite 345

Indianapolis, IN 46208

Phone 317-926-5371

Fax 317-926-5373

[tracy@churchfederationindy.org](mailto:tracy@churchfederationindy.org)