



Volunteer Information Form for Wednesday Night Cross Training

NAME: _____ POSITION: _____

PHONE: _____ CELL: _____

DO YOU TEXT? _____

EMAIL: _____

HOME ADDRESS: _____

BIRTHDAY: _____

1. Is this your first year volunteering in the Cross Training Ministry? _____
2. If not, how many years have you volunteered in our Cross Training Ministry? _____
3. Have you taken the Creating Sanctuary Class at RLC? _____
4. Are you married? Do you have any children? Name and ages: _____

5. What is your occupation? _____
6. What are your hobbies? _____
7. What is your favorite food? _____
8. What is your favorite color? _____
9. What is your favorite candy? _____
10. Is Email an efficient way to get information to you? How often do you check your email?
11. Are there any questions or concerns that I can answer for you regarding Cross Training or volunteering?