

# WBGL Volunteer Ministry Application

(Please Print)

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Frequency? 91.7 \_\_\_ 88.1 \_\_\_ 88.5 \_\_\_ 104.7 \_\_\_

Birthdate: \_\_\_\_\_

Marital Status: Single: \_\_\_ Engaged \_\_\_ Married \_\_\_ (# Years Married? \_\_\_) Divorced \_\_\_

Spouse: \_\_\_\_\_ Kids (names/ages): \_\_\_\_\_

List any education above high school: \_\_\_\_\_

Are you employed? \_\_\_\_\_ Where? \_\_\_\_\_ How long? \_\_\_\_\_

Briefly describe why you are interested in volunteering at WBGL:

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

I would like to help: \_\_\_ On a regular basis (2-4 times per month) \_\_\_ Only as needed (special projects) \_\_\_ Only at fundraisers (spring and fall)

Days/Times Available: (check all that apply)

\_\_\_ Weekdays – 8:30AM to Noon \_\_\_ Weekdays -- 12:30PM to 4:30PM

\_\_\_ Weekend/Evening Events/Projects

Volunteer Opportunities (please check any you may have an interest in):

\_\_\_ Prayer Team

\_\_\_ Food Team (for special events)

\_\_\_ Front Office Team  
(phones & light office work)

\_\_\_ Special Events Team  
(Concert & Area Events)

\_\_\_ Special Project Team  
(Bare Your Bookshelf, school supply drive, etc.)

\_\_\_ I can help in any way needed!

\_\_\_ Fundraiser Team (spring & fall fundraisers only)

Favorite Artists on WBGL: \_\_\_\_\_

Briefly describe any previous volunteer experience: \_\_\_\_\_

List 3 of your strengths: \_\_\_\_\_

List 3 of your weaknesses: \_\_\_\_\_

How do you like to spend your free time? \_\_\_\_\_  
(hobbies, interests, etc.)

How long have you been a Christian? \_\_\_\_\_

Briefly describe your spiritual journey with God: \_\_\_\_\_

Do you regularly attend church? \_\_\_\_\_

If yes, church name & city: \_\_\_\_\_

Pastor's name & phone #: \_\_\_\_\_

Please list 2 references (other than your pastor):

	NAME	PHONE	RELATIONSHIP
1.	_____ (_____) _____	_____	_____
2.	_____ (_____) _____	_____	_____

List any spiritual gifts, training, skills, experience, etc. that may have prepared you to help in a specific area at WBGL:

I affirm that the information contained on this application is true and that I have read and agree with the WBGL Mission Statement, Key Objectives and the Volunteer Ministry Qualifications. I also understand that filling out the application does not imply any commitment on your behalf or on the behalf of WBGL and that further screening will take place prior to placement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your interest in the Volunteer Ministry at WBGL!**

**Please return this form to:**

**Family Friendly WBGL  
Jerilynn Jones, Volunteer Coordinator  
2108 W. Springfield Avenue, Champaign, IL 61821**

For Staff Use:	_____ Applicant Called	_____ Interview Scheduled
	_____ Interview Completed	_____ References Checked
	_____ Volunteer Agreement Signed	_____ Training Completed
	_____ Volunteer on Schedule	