



**VOLUNTEER APPLICATION**  
**Special Needs Convention, 2012**

Volunteer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Church Address: \_\_\_\_\_  
Church Priest: \_\_\_\_\_  
Priest Contact number: \_\_\_\_\_  
Spiritual Father Name: \_\_\_\_\_

Professional Experience:

From: _____	To: _____
From: _____	To: _____
From: _____	To: _____
From: _____	To: _____
From: _____	To: _____

Educational Experience:

From: _____	To: _____
From: _____	To: _____
From: _____	To: _____
From: _____	To: _____
From: _____	To: _____

Please provide a brief statement of why you are interested in volunteering for this service:

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

Volunteer Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I confirm the information provided in this form and recommend the above named applicant to volunteer at Archangel Raphael Ministry Family Camp, Summer 2011.

Church Priest's Signature \_\_\_\_\_ Date \_\_\_\_\_

**"For He shall give His angels charge over you, to keep you in all your ways." Psalm 91:11**  
**Please fax to 1-877-713-3120.**