



VOLUNTEER APPLICATION
Special Needs Convention, 2016

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 2016.

Church Priest's Signature _____ Date _____

Please email completed form to: info@copticangel.org And Father_joachim@yahoo.com.

"For He shall give His angels charge over you, to keep you in all your ways." Psalm 91:11